#### Case 16-36133 Doc 1 Filed 11/12/16 Entered 11/12/16 15:41:11 Desc Main Document Page 1 of 70

| Fill in this information to identify your case:                                 |  |                                    |
|---|--|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |  |                                    |
| Case number (if known)  | Chapter you are filing under:              |                                    |
|   | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself                            |                            |   |
|----|--|----------------------------|---|
|    |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                     | Evayon                     |   |
|    |  | First name                 | First name                                    |
|    | Write the name that is on                          | _ K                        |   |
|    | your government-issued picture identification (for | Middle name                | Middle name                                   |
|    | example, your driver's                             | Johnson                    |   |
|    | license or passport                                | Last name                  | Last name                                     |
|    | Bring your picture                                 |                            |   |
|    | identification to your                             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
|    | meeting with the trustee.                          |                            |   |
| 2. | All other names you                                | Evayon                     |   |
|    | have used in the                                   | First name                 | First name                                    |
|    | last 8 years                                       | K                          |   |
|    | Include your married or                            | Middle name                | Middle name                                   |
|    | maiden names.                                      | Jefferson                  | Lastrania                                     |
|    |  | Last name                  | Last name                                     |
|    |  | First name                 | First name                                    |
|    |  | First ridine               | riist ilaille                                 |
|    |  | Middle name                | Middle name                                   |
|    |  | imade name                 | madio name                                    |
|    |  | Last name                  | Last name                                     |
| 3. | Only the last 4                                    | XXX - XX- 3141             | xxx - xx-                                     |
|    | digits of your<br>Social Security                  | OR                         | OR  |
|    | number or federal<br>Individual Taxpayer           | 0                          | 0   |
|    | Identification                                     | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | number (ITIN)                                      |                            |   |

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| Debtor 1 Evayon<br>First Name                                | K<br>Middle Name  | Johnson<br>Last Name  | Case number (if known)   |
|--|---|---|--|
|  | About Debtor 1:   |   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any busine  | ss names or EINs.   | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the      | Business name   |   | Business name  |
| last 8 years   | Business name   |   | Business name  |
| Include trade names and doing business as names              | EIN   |   | EIN  |
|  | EIN   |   | EIN  |
| 5. Where you live  | 4101 W Crystal St   |   | If Debtor 2 lives at a different address:  |
|  | Number Street   |   | Number Street  |
|  | Chicago Illinois City State   | 60651<br>Zip Code   | City State Zip Code  |
|  | Cook  |   |  |
|  | County  If your mailing address is diff fill it in here. Note that the cour this mailing address. |   | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
|  | Number Street   |   | Number Street  |
|  | City State  | Zip Code  | City State Zip Code  |
| 6. Why you are choosing this district to file for bankruptcy | lived in this district longer   | ore filing this petition, I have than in any other district.  olain. (See 28 U.S.C. §§ 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |

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| Debtor 1 Evayon<br>First Name   | K<br>Middle Name   | Johnson<br>Last Name  | Case number (if known)  |  |
|---|--|---|---|--|
| Part 2: Tell the Court Ab   | out Your Bankruptcy  | Case  |   |  |
| 7. The chapter of the Bankruptcy Code you are choosing to file under  |  | scription of each, see <i>Notice Required</i> and of page 1 and check the appropriate bo  |   | r Individuals Filing for Bankruptcy (Form  |
| 8. How you will pay the fee   | court for more det may pay with cast on your behalf, yo  I need to pay the Individuals to Pay  I request that my By law, a judge maless than 150% of the fee in installm | fee in installments. If you che Your Filing Fee in Installments ( fee be waived (You may requay, but is not required to, waive  | ypically, if you are rder If your attorn dit card or check with coose this option, sign Official Form 103A) est this option only e your fee, and may oplies to your family n, you must fill out t | paying the fee yourself, you ney is submitting your payment that a pre-printed address.  In and attach the Application for the control of the |
| 9. Have you filed for bankruptcy within the last 8 years?   | Ves. District District District  | WhenWhenWhen  | MM / DD / YYYY  Case MM / DD / YYYY   | e number<br>e number<br>e number   |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District   | When When   | Rela<br>  Case<br>  MM / DD / YYYY<br>  Rela  | e number, if known e number, if known e number, if known   |
| 11. Do you rent your residence?   | ✓ No. Go to  | d obtained an eviction judgment against<br>line 12.<br>ut <i>Initial Statement About an Eviction Jud</i><br>ankruptcy petition. |   |  |

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| Debtor   |  |               | K                         | dle Name                    | Johnson<br>Leet Name                                       | Case number   | (if known)         |                            |      |
|--|--|---------------|---------------------------|-----------------------------|--|---|--------------------|----------------------------|------|
| David O  | First Name   | . D           |                           |                             | Last Name  | -4  |                    |                            |      |
| pro<br>ful   | Report About Any e you a sole oprietor of any I- or part-time siness?  | y Bus         | No.                       | Go to Part                  | location of business                                       | etor  |                    |                            |      |
| is a ope ind a s ent cor par If y tha pro sep atta | sole proprietorship a business you erate as an ividual, and is not eparate legal tity such as a rporation, rtnership, or LLC. you have more an one sole oprietorship, use a parate sheet and ach it to this ition. |               |                           | City  Check the  Sing Stoo  |  | State  e your business:  ned in 11 U.S.C. § 101(27A)  defined in 11 U.S.C. § 101(5        | •                  | ode                        |      |
| Ch<br>Ba<br>and                                    | e you filing under<br>apter 11 of the<br>nkruptcy Code<br>d are you a small<br>siness debtor?  | dead<br>opera | lines. If y<br>ations, ca | Non  g under Cha            | npter 11, the court must known hat you are a small busines | ow whether you are a small is selector, you must attach you tax return or if any of these | our most recent ba | alance sheet, statement of |      |
| For<br>sm<br>det                                   | r a definition of<br>all business<br>otor, see 11 U.S.C.<br>01(51D).   |               | No.<br>No.<br>Yes.        | I am filing u<br>Bankruptcy | Code.  | NOT a small business debtor acc   |                    |                            | ode. |
| Part 4:  | Report if You Ow   | n or I        | Have A                    | Any Hazaı                   | rdous Property or A  | ny Property That Ne   | eds Immedia        | te Attention               |      |
| any<br>pos<br>to<br>imi                            | you own or have<br>y property that<br>ses or is alleged<br>pose a threat of<br>minent and<br>entifiable hazard   |               |                           | What is the h               | nazard?attention is needed, why is                         | it needed?  |                    |                            |      |
| saf<br>ow<br>tha<br>imi                            | public health or<br>fety? Or do you<br>on any property<br>at needs<br>mediate<br>ention?   |               |                           | Where is the                | property? Number   | Street  |                    |                            |      |
| ow<br>or i<br>be<br>tha                            | r example, do you<br>in perishable goods,<br>livestock that must<br>fed, or a building<br>at needs urgent<br>pairs?  |               |                           |                             | City   | Sta   | ate                | Zip Code                   |      |

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Debtor 1 Evayon K Johnson Case number (if known)

#### Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Debtor 1 Evayon First Name  |  | Johnson Case number (if known  | 1)   |
|---|--|--|--|
|   | uestions for Reporting Purpo   |  |  |
| 16. What kind of debts<br>do you have?  | 16a. Are your debts primaril 101(8) as "incurred by ar   | ly consumer debts? Consumer debts in individual primarily for a personal, fail by business debts? Business debts all less or investment or through the operation of the own owe that are not consumer debts or investment are not consumer debts or individual primarily for a personal, fail individual primarily for a personal primarily for a personal primarily fail individual primarily fail individ | mily, or household purpose." re debts that you incurred to ation of the business or  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availa  No.  Yes.  | er 7. Go to line 18.  Do you estimate that after any exempt property is able to distribute to unsecured creditors?   | excluded and administrative expenses are   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| Part 7: Sign Below  |  |  |  |
| For you   | and correct.  If I have chosen to file under of 11,12, or 13 of title 11, United choose to proceed under Chap If no attorney represents me ame fill out this document, I had I request relief in accordance I understand making a false so | and I did not pay or agree to pay some ve obtained and read the notice requirwith the chapter of title 11, United Stattatement, concealing property, or obtacase can result in fines up to \$250,000 52, 1341, 1519, and 3571.   | eed, if eligible, under Chapter 7, vailable under each chapter, and I cone who is not an attorney to help ed by 11 U.S.C. § 342(b). See Code, specified in this petition. In ining money or property by fraud in 0, or imprisonment for up to 20 |

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| Debtor 1                                 | Evayon            | K  | Johnson   | Case number (i  | f known)  |
|--|-------------------|--|---|---|---|
|  | First Name        | Middle Name  | Last Name   |   |   |
| you are<br>by one<br>If you a<br>represe |                   | eligibility to proceed ur<br>the relief available und<br>to the debtor(s) the no | nder Chapter 7, 11, 12<br>der each chapter for w<br>tice required by 11 U.s | e, or 13 of title 11, Unhich the person is e<br>S.C. § 342(b) and, in | nat I have informed the debtor(s) about nited States Code, and have explained sligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
|  | o file this page. | /s/ Ryan P Crotty Signature of Attorney  | for Debtor  | Date  | 11/12/2016<br>MM / DD / YYYY  |
|  |                   | Ryan P Crotty Printed name   |   |   |   |
|  |                   | Semrad Law Firm<br>Firm name   |   |   |   |
|  |                   | 20 S. Clark Street<br>Street   |   |   |   |
|  |                   | 28th Floor Chicago   |   | Illinois  | 60603   |
|  |                   | City   |   | State   | Zip Code  |
|  |                   | Contact phone  | 3128374032  | Email address   | rcrotty@semradlaw.com   |
|  |                   | 6312602  |   | Illino  | is  |
|  |                   | Bar number   |   | State   | <del></del>   |

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| Fill in this inform            | nation to identify your cas | e:               |                              |  |
|--------------------------------|-----------------------------|------------------|------------------------------|--|
| Debtor 1                       | Evayon<br>First Name        | K<br>Middle Name | Johnson<br>Last Name         |  |
| Debtor 2<br>(Spouse, if filing | ) First Name                | Middle Name      | Last Name                    |  |
| United States B                | ankruptcy Court for the:    | Northern         | District of Illinois (State) |  |
| Case number<br>(If known)      |                             |                  | (State)                      |  |

| П | Check if this is ar |
|---|---------------------|
|   | amended filing      |

12/15

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$20,287.50                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$20,287.50                                 |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$13,936.00                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$15,348.00                                 |
| Your total liabilities   | \$29,284.00                                 |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$3,033.96                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$2,623.00                                  |
|  |   |

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| De          | btor 1 | Evayon   | K                         | Johnson                    | Case n              | umber (if known)            |            |
|-------------|--------|--|---------------------------|----------------------------|---------------------|-----------------------------|------------|
|             |        | First Name   | Middle Name               | Last Name                  |                     |                             |            |
| Par         | t 4:   | Answer These Questions   | for Administrativ         | e and Statistical I        | Records             |                             |            |
| 6. <b>/</b> | Are yo | ou filing for bankruptcy under C   | Chapters 7, 11, or 13?    |                            |                     |                             |            |
|             |        | lo. You have nothing to report on the  | his part of the form. Che | eck this box and submit t  | his form to the co  | urt with your other schedul | es.        |
|             | ✓ Y    | es.  |                           |                            |                     |                             |            |
| 7. <b>\</b> | Vhat I | kind of debt do you have?  |                           |                            |                     |                             |            |
|             |        | our debts are primarily consumamily, or household purpose. 11 U.S                |                           |                            | ,                   |                             |            |
|             |        | our debts are not primarily con<br>his form to the court with your other         |                           | ve nothing to report on th | is part of the form | . Check this box and subm   | nit        |
| 8.          |        | n the <i>Statement of Your Currer</i><br>122A-1 Line 11; <b>OR</b> , Form 122B I | •                         | 1,7,7                      | onthly income fro   | m Official                  | \$4,023.46 |
| 9.          | Cop    | by the following special categor   | ries of claims from Pa    | art 4, line 6 of Schedul   | e E/F:              |                             |            |
|             | Fro    | m Part 4 on Schedule E/F, copy   | the following:            |                            |                     | Total claim                 |            |
|             | 9a. l  | Domestic support obligations (Cop  | py line 6a.)              |                            |                     | \$0.00                      |            |
|             | 9b.    | Taxes and certain other debts you  | owe the government. (C    | Copy line 6b.)             |                     | \$0.00                      |            |
|             | 9c. (  | Claims for death or personal injury  | while you were intoxic    | ated. (Copy line 6c.)      |                     | \$0.00                      |            |
|             | 9d. \$ | Student loans. (Copy line 6f.)   |                           |                            |                     | \$3,800.00                  |            |
|             |        | Obligations arising out of a separa  | ation agreement or divo   | rce that you did not repo  | ort as              | \$0.00                      |            |
|             | 9f. E  | Debts to pension or profit-sharing p   | plans, and other simila   | debts. (Copy line 6h.)     |                     | \$0.00                      |            |
|             | 9g. '  | Total. Add lines 9a through 9f.  |                           |                            |                     | \$3,800.00                  |            |

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|                       | formation to identify your case:  |            |  |   |
|-----------------------|---|------------|--|---|
| Debtor 1              | Evayon  | K          | Johnson  |   |
|                       | First Name  | Middle Nar | me Last Name   |   |
| Debtor 2              |   |            |  |   |
| Spouse, if            | filing) First Name  | Middle Nar | me Last Name   |   |
| Jnited State          | es Bankruptcy Court for the:  | Northern   | District of Illinois   |   |
|                       | -<br>-  |            | (State)  |   |
| Case numb<br>f known) | <u> </u>  |            | _  |   |
| Official              | Form 106A/B   |            |  | Check if this is an amended filing  |
| ched                  | ule A/B: Proper   | tv         |  | 12  |
| 1. Do you             | own or have any legal or equi   |            | and, or Other Real Estate You Own<br>ny residence, building, land, or similar prop   |   |
|                       |   |            |  |   |
|                       | No. Go to Part 2  |            |  |   |
| 1.1                   | Yes. Where is the property?  Street address, if available, or ot                | [          | What is the property? Check all that apply.  Single-family home  | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property   |
| 1.1                   | Yes. Where is the property?   | [          | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | the amount of any secured claims on Schedule D:   |
| 1.1                   | Yes. Where is the property?   | [          | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land   | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property<br>Current value of the Current value of the   |
| 1.1                   | Yes. Where is the property?  Street address, if available, or ot                | [          | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Describe the nature of your ownership interest (such as fee simple, tenancy by  |
| 1.1 ·                 | Yes. Where is the property?  Street address, if available, or ot                | [          | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property   | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Describe the nature of your ownership   |
| 1.1 ·                 | Yes. Where is the property?  Street address, if available, or ot  Number Street | Zip Code   | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare   | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Current value of the portion you own?  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Check if this is community property |
| 1.1 3                 | Yes. Where is the property?  Street address, if available, or ot  Number Street | Zip Code   | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Checking. Debtor 1 only Debtor 2 only                           | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Check if this is community property  |
| 1.1 3                 | Yes. Where is the property?  Street address, if available, or ot  Number Street | Zip Code   | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Checkine. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Check if this is community property  |
| 1.1 ·                 | Yes. Where is the property?  Street address, if available, or ot  Number Street | Zip Code   | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Checking. Debtor 1 only Debtor 2 only                           | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Check if this is community property (see instructions)                     |

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Who has an interest in the property? Check

Other information you wish to add about this item, such as local

What is the property? Check all that apply.

Duplex or multi-unit building

Condominium or cooperative

Manufactured or mobile home

Single-family home

Investment property

Land

Timeshare

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D*:

Creditors Who Have Claims Secured by Property.

Describe the nature of your ownership

interest (such as fee simple, tenancy by

the entireties, or a life estate), if known.

Check if this is community property

Current value of the

portion you own?

Current value of the

(see instructions)

entire property?

If you own or have more than one, list here:

Street

State

Street address, if available, or other description

Zip Code

1.2

Number

City

property identification number:

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| Debto  | r 1 Evayon<br>First Name                                      | K<br>Middle Name                                       | Johnson<br>Last Name  | Case number | (if known)  |  |
|--------|---|--|---|-------------|---|--|
| -<br>- | Street address, if available, or o                            | [  | What is the property? Check all that ap Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land                          | ply.        | Do not deduct secured of the amount of any secure Creditors Who Have Clas  Current value of the entire property?          | ·  |
| _      | Number Street  City State                                     | Zip Code   | Investment property Timeshare Other   |             | Describe the nature of interest (such as fee sit the entireties, or a life of   | mple, tenancy by                                   |
|        |   | ]<br>]<br>]  | Who has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add ab | ır          | Check if this is con (see instructions)   | nmunity property                                   |
|        | -   | rtion you own for a                                    | property identification number:  Ill of your entries from Part 1, includir e  |             |   |  |
| you ow | own, lease, or have legal or                                  | <b>equitable interest i</b><br>ou lease a vehicle, als | n any vehicles, whether they are regis<br>so report it on Schedule G: Executory Cor<br>rcles  |             |   |  |
| 3      | .1 Make<br>Model:<br>Year:                                    | Chevrolet MALIBU 2011                                  | Who has an interest in the proper one.  Debtor 1 only   | rty? Check  | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla  | •  |
|        | Approximate mileage: Other information: 2011 Chevrolet MALIBU | 66000  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and ar ☐ Check if this is community proinstructions)   |             | Current value of the entire property?<br>\$7375.00  | Current value of the portion you own?<br>\$3687.50 |
| 3      | .2 Make Model: Year: Approximate mileage: Other information:  |  | Who has an interest in the prope one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar  | nother      | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? | •  |
|        |   |  | instructions)   |             |   |  |

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| 3.3 Make   Who has an interest in the property? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and  | Debtor 1 | Evayon<br>First Name | K<br>Middle Name | Johnson<br>Last Name            | Case number   | (if known)           |                             |
|--|----------|----------------------|------------------|---------------------------------|---------------|----------------------|-----------------------------|
| Model:   | 22       |                      | IVIIUUIE INdITIE |                                 | nerty? Chook  | Do not deduct cocurs | d claims or exemptions. But |
| Year: Approximate mileage:   Debtor 1 and Debtor 2 only   Current value of the entire property?   Current value of the entire  | 3.3      |                      |                  | •                               | perty r Check |                      | ·                           |
| Approximate mileage:   |          |                      |                  |                                 |               | •                    |                             |
| Other information:  Debtor 1 and Debtor 2 only At least one of the debtors and another  Debtor 1 and Debtor 2 only At least one of the debtors and another  Debtor 1 only At least one of the debtors and another  Debtor 2 only Approximate mileage: Debtor 1 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Credition More Horizontal another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Approximate mileage: Do not deduct secured claims or exemptions. Put the amount of any secured c |          | Approximate mileage: |                  |                                 |               |                      | , , ,                       |
| At least one of the debtors and another check if this is community property (see instructions)  3.4 Make   |          | Other information    |                  |                                 |               |                      |                             |
| Check if this is community property (see instructions)  3.4 Make   Who has an interest in the property? Check one.   Current value of the entire property?   No   Yes   Current value of the entire property   Check one.   Current value of the entire property?   No   Yes   Current value of the entire property   Other information:   Check if this is community property (see instructions)   Debtor 1 and Debtor 2 only   Current value of the entire property?   Debtor 1 and Debtor 2 only   Current value of the entire property?   Debtor 1 and Debtor 2 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 1 only   Current value of the entire property?   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Check if this is community property (see instructions)   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only    |          |                      |                  |                                 | another       |                      |                             |
| instructions)  Who has an interest in the property? Check one.  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Who has an interest in the property? Check one.  Other information:  Debtor 1 only  At least one of the debtors and another one.  Other information:  Debtor 2 only  Other information:  Debtor 3 only  At least one of the debtors and another one.  Other information:  Debtor 4 only  At least one of the debtors and another one.  Other information:  Debtor 5 only  Other information:  Debtor 6 only  At least one of the debtors and another one.  Other information:  Debtor 1 only  At least one of the debtors and another one.  Other information:  Debtor 2 only  Debtor 2 only  Other information:  Debtor 3 only  At least one of the debtors and another one.  Other information:  Debtor 4 only  At least one of the debtors and another one.  Other information:  Debtor 5 only  At least one of the debtors and another one.  Other information:  Debtor 6 only  At least one of the debtors and another one.  Other information:  Debtor 7 only  At least one of the debtors and another one.  Other information:  Debtor 1 only  At least one of the debtors and another one.  Other information:  Debtor 2 only  Other information:  Debtor 3 only  At least one of the debtors and another one.  Current value of the one one one one one of the debtors and another one one one one one one one of the debtors and another one  |          |                      |                  |                                 |               |                      |                             |
| Model: Year:   Debtor 1 only   Current value of the entire property?    Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories   Ves  |          |                      |                  |                                 | property (see |                      |                             |
| Year: Approximate mileage: Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only No Yes  4.1 Make Model: Year: Debtor 1 only D | 3.4      | Make                 |                  | Who has an interest in the pro  | perty? Check  |                      |                             |
| Approximate mileage:   |          |                      |                  |                                 |               | •                    |                             |
| Other information:  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Examples: Boats, trailers, motor homes, ATVs and other recreational vehicles, and accessories  Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or Schedule D: Creditors Who Have Claims Secured by Property.  Ables of the debtors and another  Check if this is community property (see instructions)  At least one of the debtors and another  Current value of the entire property?        |          |                      |                  | Debtor 1 only                   |               | Creditors Who Have   | Claims Secured by Property. |
| At least one of the debtors and another   Check if this is community property (see instructions)   |          | Approximate mileage: |                  | Debtor 2 only                   |               | Current value of th  | e Current value of the      |
| Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories   Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories   No   |          | Other information:   |                  | Debtor 1 and Debtor 2 only      |               | entire property?     | portion you own?            |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make Model: Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  At least one of the debtors and another Debtor 1 only Approximate mileage: Debtor 2 only Other information: Debtor 1 only Approximate mileage: Debtor 2 only Other information: Debtor 1 only Approximate mileage: Debtor 2 only Other information: Debtor 1 only Approximate mileage: Debtor 2 only Other information: Debtor 3 only Approximate mileage: Debtor 4 and Debtor 2 only Current value of the entire property? At least one of the debtors and another Debtor 1 only Approximate mileage: Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages   |          |                      |                  | At least one of the debtors and | another       |                      |                             |
| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    No   |          |                      |                  |                                 | property (see |                      |                             |
| Model: Year: Approximate mileage: Other information:    Debtor 1 only   Current value of the entire property?  | 41       |                      |                  | Who has an interest in the pro- | narty? Chack  | Do not deduct secure | d claims or exemptions. But |
| Year: Approximate mileage: Other information: Debtor 1 and Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Year: Approximate mileage: Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Current value of the entire property? Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property.  Current value of the entire property. Current value of the entire property.  Current value of the entire property?  Secured by Property.  Current value of the entire property?  Current value of the entire property?  Secured by Property.  Current value of the entire property?  Secured by Property.  Current value of the entire property?  Secured by Property.  Current value of the entire property?   | 4.1      |                      |                  |                                 | perty? Check  |                      | •                           |
| Approximate mileage:  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Year: Approximate mileage: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property.  Current value of the entire property.  Current value of the entire property.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Sass 50.  |          |                      |                  |                                 |               |                      |                             |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Year: Approximate mileage: Debtor 1 only Debtor 2 only Current value of the entire property?  Saction value of the secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured by Property.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Saction value of the secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the amount of any secured claims or exemptions.  |          |                      |                  | _ ′                             |               |                      | , ,                         |
| At least one of the debtors and another  Check if this is community property (see instructions)  4.2 Make  Model:  Year:  Approximate mileage:  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property? Check one.  Creditors Who Have Claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property.  Current value of the entire property?  See instructions)   |          | Other information:   |                  |                                 |               |                      |                             |
| Check if this is community property (see instructions)  4.2 Make  Model:  Year:  Approximate mileage:  Other information:  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Sasar 50  |          | Other information:   |                  |                                 | another       | —————                | portion you own:            |
| instructions)  4.2 Make  Model: Year: Approximate mileage: Other information:  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages  |          |                      |                  |                                 |               |                      |                             |
| Model: Year: Approximate mileage: Other information: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  The amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property?  Current value of the entire property?  Current value of the portion you own?  Salary 50  Salary 50  |          |                      |                  |                                 | property (see |                      |                             |
| Year: Approximate mileage: Debtor 2 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the entire property?  Current value of the portion you own?  Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages   | 4.2      | Make                 |                  | Who has an interest in the pro  | perty? Check  | Do not deduct secure | d claims or exemptions. Put |
| Approximate mileage:  Other information:  Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages   |          | Model:               |                  | one.                            | -             | •                    |                             |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Check if this property (see instructions)  Current value of the entire property?  Current value of the portion you own?  Current value of the portion you own?  Current value of the portion you own?   |          |                      |                  | Debtor 1 only                   |               | Creditors Who Have   | Claims Secured by Property. |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages  |          | Approximate mileage: |                  | Debtor 2 only                   |               | Current value of th  | e Current value of the      |
| Check if this is community property (see instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages  |          | Other information:   |                  | Debtor 1 and Debtor 2 only      |               |                      |                             |
| instructions)  5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages   |          |                      |                  | At least one of the debtors and | another       | -                    |                             |
|  |          |                      |                  |                                 | property (see |                      |                             |
|  |          |                      |                  |                                 |               |                      | \$3687.50                   |

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| Debtor 1                         | Evayon<br>First Name                         | K<br>Middle Name   | Johnson<br>Last Name           | Case number (if known)         |  |
|----------------------------------|--|--|--------------------------------|--------------------------------|--|
| Dort 2:                          |  |  |                                |                                |  |
|                                  |  | our Personal and Househo   |                                | ollowing items?                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                                  | _  | and furnishings<br>liances, furniture, linens, china, kitche                         | nware                          |                                |  |
| No No                            |  |  |                                |                                |  |
| ✓ Yes. I                         | Describe                                     | Used Furniture and Household Good  | S                              |                                | \$750.00   |
| 7. Elect<br>Examp                |  | s and radios; audio, video, stereo, and  | d digital equipment; computer  | s, printers, scanners; music   |  |
| ✓ Yes. I                         | Describe                                     | Used Home Electronics and Cell Pho   | one                            |                                | \$250.00   |
| Examp                            |  | ue and figurines; paintings, prints, or othe in, or baseball card collections; other |                                |                                |  |
| 9. Equi                          | pment for sp                                 | orts and hobbies   |                                |                                |  |
| Examp<br>                        |  | notographic, exercise, and other hobby<br>ss; carpentry tools; musical instruments   |                                | oles, golf clubs, skis; canoes |  |
| <b>✓</b> No                      |  |  |                                |                                |  |
| Yes. I                           | Describe                                     |  |                                |                                |  |
| <b>10. Fire</b><br>Examp<br>✓ No |  | es, shotguns, ammunition, and related  | d equipment                    |                                |  |
|                                  | Describe                                     |  |                                |                                | ]  |
| 11. Clo<br>Examp                 |  | clothes, furs, leather coats, designer v   | vear, shoes, accessories       |                                |  |
| ✓ Yes. I                         | Describe                                     | Used Clothing  |                                |                                | \$250.00   |
| 12. Jew<br>Examp                 | •  | ewelry, costume jewelry, engagement  | rings, wedding rings, heirlooi | m jewelry, watches, gems,      |  |
| ✓ Yes. I                         | Describe                                     | Used Costume Jewelry   |                                |                                | \$100.00   |
| Examp<br>No                      | n-farm animal<br>bles: Dogs, cat<br>Describe | s, birds, horses   |                                |                                |  |
| 14. Any                          | other persor                                 | al and household items you did no  | ot already list, including an  | y health aids you did not list |  |
| <b>✓</b> No                      |  |  |                                |                                |  |
| Yes. I                           | Describe                                     |  |                                |                                |  |
|                                  |  | lue of all of your entries from Part number here                                     |                                |                                | \$1350.00  |

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| Deb  | tor 1 Evayon                               | K<br>Middle Norse  | Johnson   | Case number (if known)           |  |
|------|--|--|---|----------------------------------|--|
| Dort | First Name                                 | Middle Name Financial Assets                                   | Last Name   |                                  |  |
| Part |  |  | terest in any of the follow   | ving?                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | ✓ No                                       | re in your wallet, in your home, in a                          | safe deposit box, and on hand wh  | en you file your petition  Cash: |  |
| 17.  | Examples: Checking, sa                     |  | s; certificates of deposit; shares in<br>ounts with the same institution, lis | credit unions, brokerage houses, |  |
|      | ✓ Yes                                      |  | Institution name:   |                                  |  |
|      |  | 17.1. Checking account:  | Netspend Prepaid Debit Card   |                                  | \$250.00   |
|      |  | 17.2. Checking account:  |   |                                  |  |
|      |  | 17.3. Savings account:   |   |                                  |  |
|      |  | 17.4. Savings account:   |   |                                  |  |
|      |  | 17.5. Certificates of deposit:                                 |   |                                  |  |
|      |  | 17.6. Other financial account:                                 |   |                                  |  |
|      |  | 17.7. Other financial account:                                 |   |                                  |  |
|      |  | 17.8. Other financial account:                                 |   |                                  |  |
|      |  | 17.9. Other financial account:                                 |   |                                  | _  |
| 18.  |  | or publicly traded stocks<br>nvestment accounts with brokerage | ne firms, money market accounts   |                                  | -  |
|      | ✓ No                                       | TWO STOCKS CONTROL WILL DI OTOTOTO                             | ge iimie, meney mamer accounte  |                                  |  |
|      | Yes  | Institution or issuer name:                                    |   |                                  |  |
|      |  |  |   |                                  |  |
|      |  |  |   |                                  |  |
| 19.  | Non-publicly traded s an LLC, partnership, |  | ated and unincorporated busir   | esses, including an interest in  |  |
|      | Yes. Give specific information about them  | Name of entity   |   | % of ownership:                  |  |
|      |  |  |   |                                  |  |
|      |  |  |   |                                  |  |

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| Deb | tor 1      | Evayon   | K  | Johnson                         | Case number (if known)                |               |
|-----|------------|--|--|---------------------------------|---------------------------------------|---------------|
|     |            | First Name   | Middle Name  | Last Name                       |                                       |               |
| 20. | Neg        | otiable instruments ir                             | orate bonds and other negotian clude personal checks, cashiers' nts are those you cannot transfer Issuer name: | checks, promissory notes,       | and money orders.                     |               |
|     |            |  |  |                                 |                                       | - <del></del> |
| 21. |            | irement or pension<br>mples: Interests in IR<br>No |  | , thrift savings accounts, or   | other pension or profit-sharing plans |               |
|     | <b>✓</b>   | Yes. List each                                     | Type of account:   | Institution name:               |                                       |               |
|     |            |  | 401(k) or similar plan:  | 403(b) Through Work             |                                       | \$0.00        |
|     |            | separately.  | Pension plan:  |                                 |                                       |               |
|     |            |  | IRA:   |                                 |                                       |               |
|     |            |  | Retirement account:  |                                 |                                       | -             |
|     |            |  | Keogh:   |                                 |                                       | -             |
|     |            |  | Additional account:  |                                 |                                       | -             |
|     |            |  | Additional account:  |                                 |                                       | -             |
| 22. | You<br>Exa |  | orepayments<br>deposits you have made so that yo<br>with landlords, prepaid rent, public                       |                                 |                                       |               |
|     |            | Yes  | Electric:  |                                 |                                       | . ———         |
|     |            |  | Gas:   |                                 |                                       | _             |
|     |            |  | Heating oil:   |                                 |                                       | _             |
|     |            |  | Security deposit on rental unit:   |                                 |                                       |               |
|     |            |  | Prepaid rent:  |                                 |                                       |               |
|     |            |  | Telephone:   |                                 |                                       |               |
|     |            |  | Water:   |                                 |                                       |               |
|     |            |  | Rented furniture:  |                                 |                                       |               |
|     |            |  | Other:   |                                 |                                       |               |
| 23. | Ann        | nuities (A contract for                            | a periodic payment of money to y   | ou, either for life or for a nu | mber of years)                        |               |
|     |            | No<br>Yes  | Issuer name and description:   |                                 |                                       |               |
|     |            |  |  |                                 |                                       |               |
|     |            |  |  |                                 |                                       |               |

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| Debt | or 1 Evayon<br>First Name   | K<br>Middle 1   | Name             | Johnson<br>Last Name            | Case number (if known)  |  |
|------|---|---|------------------|---------------------------------|---|--|
| 24.  | Interests in an   |   | ount in a quali  |                                 | nder a qualified state tuition program  |  |
|      | ✓ No<br>☐ Yes   | nstitution name and descript  | ion. Separately  | file the records of any intere  | sts.11 U.S.C. § 521(c):   |  |
|      | <del>-</del>  |   |                  |                                 |   |  |
| 25.  | Trusts, equital exercisable for   |   | roperty (other   | than anything listed in li      | ne 1), and rights or powers   |  |
|      | ✓ No  Yes. Descri   |   |                  |                                 |   |  |
| 00   | Potento como  |   |                  | h :t-lltl                       |   |  |
| 26.  | Examples: Intern  | ights, trademarks, trade s<br>net domain names, websites  |                  |                                 | eements   |  |
|      | ✓ No  Yes. Descri   | ibe   |                  |                                 |   |  |
| 27.  |   | chises, and other general   |                  | association holdings liqui      | or licenses, professional licenses  |  |
|      | ✓ No  |   | 303, COOPCIAIIV  | z association notalings, liqui  | in licenses, professional licenses  | 7  |
|      | Yes. Descri   | ibe   |                  |                                 |   |  |
|      |   |   |                  |                                 |   |  |
| Mor  | ney or prope  | rty owed to you?  |                  |                                 |   | Current value of the portion you own? Do not deduct secured claims or exemptions.                              |
|      | ney or prope  |   |                  |                                 |   | portion you own?   |
|      |   |   |                  |                                 |   | portion you own? Do not deduct secured   |
|      | Tax refunds ow  |   |                  |                                 | Federal:  | portion you own? Do not deduct secured   |
|      | Tax refunds ow No Yes. Give sp about you alr  | pecific information them, including whether ready filed the returns   |                  |                                 | Federal:<br>State:  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds ow No Yes. Give sp about you alr and the  | pecific information them, including whether ready filed the returns that years  |                  |                                 |   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds ow  No Yes. Give sp about you alr and the  Family support Examples: Past of   | pecific information them, including whether ready filed the returns that years  | ousal support, c | hild support, maintenance, c    | State:  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds ow  No Yes. Give sp about you alr and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years                                      | ousal support, c | hild support, maintenance, o    | State: Local: divorce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                           |
| 28.  | Tax refunds ow  No Yes. Give sp about you alr and the  Family support Examples: Past of   | pecific information them, including whether ready filed the returns that years  | ousal support, c | hild support, maintenance, o    | State:<br>Local:  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds ow  No Yes. Give sp about you alr and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years                                      | pusal support, c | hild support, maintenance, o    | State: Local: divorce settlement, property settlement Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00                             |
| 28.  | Tax refunds ow  No Yes. Give sp about you alr and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years                                      | ousal support, c | hild support, maintenance, o    | State: Local: divorce settlement, property settlement  Alimony: Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00                      |
| 28.  | Tax refunds ow  No Yes. Give sp about you alr and the  Family support Examples: Past of   | ed to you  Decific information them, including whether ready filed the returns e tax years                                      | ousal support, c | hild support, maintenance, o    | State: Local: divorce settlement, property settlement  Alimony: Maintenance: Support:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00        |
| 28.  | Tax refunds ow  ✓ No  ☐ Yes. Give spabout you alrand the  Family support Examples: Past of  ✓ No  ☐ Yes. Give spatch of the part of the p | pecific information them, including whether ready filed the returns the tax years due or lump sum alimony, specific information | e payments, dis  | ability benefits, sick pay, vac | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement:                      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds ow  ✓ No  ☐ Yes. Give spabout you alread the samples: Past of the samples: Past of the samples of  | pecific information them, including whether ready filed the returns tax years   | e payments, dis  | ability benefits, sick pay, vac | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds ow  ✓ No  ☐ Yes. Give spabout you alrand the  Family support Examples: Past of  ✓ No  ☐ Yes. Give spatch of the part of the p | pecific information them, including whether ready filed the returns to tax years  | e payments, dis  | ability benefits, sick pay, vac | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | otor 1 Evayon   | K                     | Johnson                                 | Case number (if known)                              |                              |
|------|---|-----------------------|---|---|------------------------------|
|      | First Name  | Middle Name           | Last Name                               |   |                              |
| 31.  | Interests in insurance policies<br>Examples: Health, disability, or life                                    | insurance; health sa  | avings account (HSA); credit, h         | omeowner's, or renter's insurance                   |                              |
|      | <ul><li>No</li><li>✓ Yes. Name the insurance com</li></ul>  | Con                   | npany name:                             | Beneficiary:  | Surrender or refund value:   |
|      | of each policy and list its value   |                       | n Life through Work                     |   | \$0.00                       |
|      | ,   |                       |   |   | <u>*</u>                     |
|      |   |                       |   |   |                              |
|      |   |                       |   |   |                              |
| 32.  | Any interest in property that is of If you are the beneficiary of a living property because someone has die | trust, expect procee  |   | or are currently entitled to receive                |                              |
|      | <b>✓</b> No   |                       |   |   |                              |
|      | Yes. Describe   |                       |   |   |                              |
|      | Tes. Describe   |                       |   |   |                              |
|      |   |                       |   |   |                              |
| 33.  | Claims against third parties, whe Examples: Accidents, employment   |                       |   | demand for payment                                  |                              |
|      | ☐ No  |                       |   |   |                              |
|      | Yes. Describe Potential F   | Personal Injury Claim | 1                                       |   |                              |
|      | \$15000.00  |                       |   |   |                              |
| 34.  | Other contingent and unliquida to set off claims  | ted claims of ever    | y nature, including countere            | claims of the debtor and rights                     |                              |
|      | <b>✓</b> No   |                       |   |   |                              |
|      | Yes. Describe   |                       |   |   |                              |
|      | Tes. Describe   |                       |   |   |                              |
|      |   |                       |   |   |                              |
| 35.  | Any financial assets you did not  | already list          |   |   |                              |
|      | <b>✓</b> No   |                       |   |   |                              |
|      | Yes. Describe   |                       |   |   |                              |
|      | Tes. Describe   |                       |   |   |                              |
|      |   |                       |   |   |                              |
|      |   |                       |   |   |                              |
| 36.  | Add the dollar value of all of yo   |                       |   |   | \$15250.00                   |
|      | for Part 4. Write that number he  | re                    |   |   |                              |
|      |   |                       |   |   |                              |
|      |   |                       |   |   |                              |
| Part | 5: Describe Any Busines   | s-Related Prop        | erty You Own or Have a                  | an Interest In. List any real estate                | in Part 1.                   |
| 37.  | Do you own or have any legal o  |                       |   |   |                              |
|      |   |                       | , |   | Current value of the         |
|      | No. Go to Part 6.   |                       |   |   | ortion you own?              |
|      | Yes. Go to line 38.   |                       |   |   | Do not deduct secured claims |
|      |   |                       |   | C   | or exemptions                |
| 38.  | Accounts receivable or commis   | sions you already e   | earned                                  |   |                              |
|      | <b>✓</b> No   |                       |   |   |                              |
|      | Yes. Describe   |                       |   |   |                              |
|      |   |                       |   |   |                              |
|      |   |                       |   |   |                              |
| 39.  | Office equipment, furnishings,  |                       | ems printers copiers fay mad            | hines, rugs, telephones, desks, chairs, electro     | unic devices                 |
|      | _   | aiors, sonware, mou   | omo, princio, copicio, iax illac        | ininos, rugo, tolopriories, uests, orialis, electic | A HO GOVIDOS                 |
|      | ✓ No  |                       |   |   |                              |
|      | Yes. Describe   |                       |   |   |                              |
|      |   |                       |   |   |                              |
|      |   |                       |   |   |                              |

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| Deb   | tor 1 Evayon First Name              | K<br>Middle Name                                      | Johnson<br>Last Name                   | Case number (if known)             |   |
|-------|--------------------------------------|---|--|------------------------------------|---|
| 40.   |                                      |   | e in business, and tools of yo         | ur trade                           |   |
|       | <b>√</b> No                          | 1. I  | ,                                      |                                    |   |
|       | Yes. Describe                        |   |  |                                    |   |
|       | _                                    |   |  |                                    |   |
| 41.   | Inventory                            |   |  |                                    |   |
|       | ₩ No                                 |   |  |                                    |   |
|       | Yes. Describe                        |   |  |                                    |   |
|       | Tee: December                        |   |  |                                    |   |
| 12    | Interests in partnersh               | nine or joint vontures                                |  |                                    |   |
| 42.   | No No                                | iips or joint ventures                                |  |                                    |   |
|       | _                                    | N   | lame of entity:                        | % of ownership:                    |   |
|       | Yes. Give specific information about |   |  |                                    |   |
|       | them                                 | _   |  |                                    |   |
|       |                                      | <del>-</del>  |  |                                    |   |
| 13 (  | Customer lists mailing               |   | ne                                     |                                    | ·                                       |
| 45. ( |                                      | ists, or other compliation                            | 115                                    |                                    |   |
|       | ✓ No  Vac Do your lists in           | oclude personally identifiable                        | information (as defined in 11 U.S      | S.C. 8.101(//1.0.)\2               |   |
|       | res. Do your lists if                | icidde personally identiliable                        | illioittiatioit (as defined iii 11 0.0 | 3.0. § 101(417/):                  |   |
|       | ☐ No                                 |   |  |                                    |   |
|       | Yes. Desc                            | ribe  |  |                                    |   |
| 44.   | Any business-related                 | property you did not alrea                            | dy list                                |                                    |   |
|       | ✓ No                                 |   |  |                                    |   |
|       | Yes. Give specific                   | <del>-</del>  |  |                                    |   |
|       | information                          | _   |  |                                    | _                                       |
|       |                                      | _   |  |                                    |   |
|       |                                      | _   |  |                                    |   |
|       |                                      |   |  |                                    |   |
|       |                                      |   |  |                                    |   |
|       |                                      | _   |  |                                    |   |
| 45. A | dd the dollar value of a             | all of your entries from Par                          | t 5, including any entries for p       | pages you have attached            |   |
|       |                                      |   |  |                                    |   |
| Part  |                                      | Farm- and Commerci n interest in farmland, list it in |  | erty You Own or Have an Interest I | n.                                      |
| 46.   | Do you own or have a                 | any legal or equitable inter                          | est in any farm- or commercia          | l fishing-related property?        |   |
|       | ✓ No. Go to Part 7.                  |   |  |                                    | Current value of the                    |
|       | Yes. Go to line 47.                  |   |  |                                    | portion you own?  Do not deduct secured |
|       |                                      |   |  |                                    | claims                                  |
| 47    | Farm animals                         |   |  |                                    | or exemptions                           |
| ٦,.   | Examples: Livestock, po              | oultry, farm-raised fish                              |  |                                    |   |
|       | <b>✓</b> No                          |   |  |                                    |   |
|       | Yes. Describe                        |   |  |                                    |   |
|       | <del>_</del>                         |   |  |                                    |   |

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| Debt         | or 1       | Evayon                  | K<br>Middle News  | Johnson                    | Case number (if known)         |                  |
|--------------|------------|-------------------------|---|----------------------------|--------------------------------|------------------|
| 40           | <b>C</b>   | First Name              | Middle Name   | Last Name                  |                                |                  |
| 48.          | _          | pps-either growing      | or narvested  |                            |                                |                  |
|              | 널          | No                      |   |                            |                                |                  |
|              | Ц          | Yes. Describe           |   |                            |                                |                  |
|              | _          |                         |   |                            |                                |                  |
| 49.          | Far        | m and fishing equip     | oment, implements, machinery, fi                              | xtures, and tools of trade | •                              |                  |
|              | <b>~</b>   | No                      |   |                            |                                |                  |
|              | Ħ          | Yes. Describe           |   |                            |                                |                  |
|              | _          |                         |   |                            |                                |                  |
| <b>5</b> 0   | For        | m and fiching cum       | lies shemisels and food                                       |                            |                                |                  |
| 50.          | _          |                         | lies, chemicals, and feed                                     |                            |                                |                  |
|              | 뇓          | No                      |   |                            |                                |                  |
|              | Ш          | Yes. Describe           |   |                            |                                |                  |
|              | -          |                         |   |                            | ,                              |                  |
| 51.          | Any        | / farm- and commer      | cial fishing-related property you                             | did not already list       |                                |                  |
|              | <b>✓</b>   | No                      |   |                            |                                |                  |
|              |            | Yes. Describe           |   |                            |                                |                  |
|              |            |                         |   |                            |                                |                  |
|              | -          |                         |   |                            | Γ                              |                  |
|              |            |                         | of your entries from Part 6, inclu                            |                            |                                |                  |
| IOI F        | art O.     | . Write that number     | Here  |                            |                                |                  |
|              |            |                         |   |                            |                                |                  |
|              |            |                         |   |                            |                                |                  |
| Part         |            |                         | operty You Own or Have ar                                     |                            | Did Not List Above             |                  |
| 53.          |            |                         | perty of any kind you did not alread, country club membership | ady list?                  |                                |                  |
|              | <b>V</b>   | No                      |   |                            |                                | 1                |
|              | $\equiv$   | Yes. Give specific      |   |                            |                                |                  |
|              | Ш          | information             |   |                            |                                |                  |
|              |            |                         |   |                            |                                |                  |
|              |            |                         |   |                            |                                |                  |
| 54. A        | dd th      | ne dollar value of all  | of your entries from Part 7. Write                            | e that number here         | <b>&gt;</b>                    |                  |
|              |            |                         |   |                            |                                |                  |
|              |            |                         |   |                            |                                |                  |
| Part         | g.         | l ist the Totals        | of Each Part of this Form                                     |                            |                                |                  |
| ran          | <b>o</b> . |                         | 7. <u>2</u> 4011 1 411 01 11110 1 01111                       |                            |                                |                  |
| 55. <b>F</b> | art 1      | 1: Total real estate, l | ine 2   |                            | <b>&gt;</b>                    | <del></del>      |
| EG #         | ort 3      | total vahialas lina     | E   |                            |                                |                  |
| _            |            | 2 total vehicles, line  |   | \$3687.50                  | <u> </u>                       |                  |
| 57. <b>P</b> | art 3      | : Total personal and    | d household items, line 15                                    | \$1350.00                  | <u></u>                        |                  |
| 58. <b>P</b> | art 4      | : Total financial ass   | ets, line 36  | \$15250.00                 |                                |                  |
| 59. <b>F</b> | art 5      | 5: Total business-re    | lated property, line 45                                       | <del>.</del>               | <del>_</del>                   |                  |
| 60 <b>E</b>  | ort 6      | S: Total farm- and fi   | shing-related property, line 52                               |                            | <u> </u>                       |                  |
|              |            |                         |   |                            | <u> </u>                       |                  |
| 61. <b>F</b> | art 7      | 7: Total other prope    | rty not listed, line 54                                       |                            |                                |                  |
| 62. <b>1</b> | otal       | personal property.      | Add lines 56 through 61                                       | \$20287.50                 |                                | + \$20287.50     |
|              |            |                         |   | - 5-5:103                  | Copy personal property total ► | ,                |
|              |            |                         |   |                            |                                | <b>#00007.50</b> |
|              |            |                         |   |                            |                                | \$20287.50       |

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| Fill in this inform       | Fill in this information to identify your case: |             |                              |  |  |  |
|---------------------------|---|-------------|------------------------------|--|--|--|
| Debtor 1                  | Evayon  | К           | Johnson                      |  |  |  |
|                           | First Name                                      | Middle Name | Last Name                    |  |  |  |
| Debtor 2                  |   |             |                              |  |  |  |
| (Spouse, if filing        | First Name                                      | Middle Name | Last Name                    |  |  |  |
| United States B           | ankruptcy Court for the:                        | Northern    | District of Illinois (State) |  |  |  |
| Case number<br>(If known) |   |             | (Glaic)                      |  |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | Identify the Property You Cla   | im as Exempt  |  |                                    |  |  |
|-----|---|---|--|------------------------------------|--|--|
| 1.  | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |  |                                    |  |  |
|     | Brief description of the property and line on Schedule A/B that lists this property   | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.    | Specific laws that allow exemption |  |  |
|     | Brief description:  Netspend Prepaid Debit Card  Line from Schedule A/B: 17   | \$250.00  | \$250.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |  |  |
|     | Brief description: Potential Personal Injury Claim Line from Schedule A/B: 33   | \$15,000.00   | \$15,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(h)(4)           |  |  |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes  | 3 years after that for ca   |  |                                    |  |  |

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Debtor 1 Johnson Evayon Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(a) Brief \$250.00 **✓** description: \$250.00 **Used Clothing** 100% of fair market value, up to any applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$750.00 **V** description: \$750.00 **Used Furniture and** 100% of fair market value, up to any **Household Goods** applicable statutory limit Line from 06 Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$250.00 **✓** description: \$250.00 **Used Home Electronics** 100% of fair market value, up to any and Cell Phone applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$100.00 **V** description: \$100.00 **Used Costume Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 735 ILCS 5/12-1006 Brief \$0.00 **✓** description: 403(b) Through Work 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(f) Brief \$0.00 **~** description: Term Life through Work 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 31

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|   |   |  | · ·   |   |  |                                      |
|---|---|--|---|---|--|--------------------------------------|
| Fill in this in   | formation to identify your cas  | se:  |   |   |  |                                      |
| Debtor 1  | Evayon  | K  | Johnson   |   |  |                                      |
| 200.0.  | First Name  | Middle Name  | Last Name   |   |  |                                      |
| Debtor 2  |   |  |   |   |  |                                      |
| (Spouse, if   | filing) First Name  | Middle Name  | Last Name   |   |  |                                      |
| United State  | es Bankruptcy Court for the:  | Northern   | District of Illinois  |   |  |                                      |
|   |   |  | (State)   |   |  |                                      |
| Case numb<br>(If known)                                     | er  |  |   |   |  |                                      |
|   | I Form 106D   |  |   | I   | <b>–</b>   | Check if this is a<br>amended filing |
| Sched   | dule D: Credi   | tors Who Ha  | ve Claims Secur   | red by Pro  | perty  | 12/1                                 |
| 1. Do any N Ye  Part 1: L                                   | es. Fill in all of the information  | this form to the court with yon below.   | ur other schedules. You have nothing  |   |  | Coh man C                            |
| for ea  | ach claim. If more than one c   |  | ed claim, list the creditor separately, list the other creditors in Part 2. As ng to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any    |
|   | TAL ONE AUTO FINANCE.   | Describe the property  | that secures the claim:   | \$13,936.00   | \$7,375.00   | \$6,561.00                           |
| 3901 No PLAI City Who I I I I I I I I I I I I I I I I I I I | State ZIP Code owes the debt? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates o a community debt debt was  11/1/2014 | Contingent Unliquidated Disputed Nature of lien. Check a  An agreement you n car loan) Statutory lien (such) | nade (such as mortgage or secured as tax lien, mechanic's lien) a lawsuit ght to offset)                  |   |  |                                      |
|   |   | f vour entries in Column A   | A on this page. Write that  | \$13.936.00   |  |                                      |

number here:

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| Fill in                                   | n this inform  | ation to identify your case:   | (  |   |  |   |   |   |
|---|--|--|--|---|--|---|---|---|
| Deb                                       | tor 1  | Evayon   | K  | Johnson   |  |   |   |   |
|   |  | First Name   | Middle Name  | Last Name   |  |   |   |   |
| Deb                                       |  | First Name   | Mistalla Nassa   | Last Name   |  |   |   |   |
| (Spo                                      | use, ii iiiiig   | ) FIRST Name   | Middle Name  | Last Name   |  |   |   |   |
| Unite                                     | ed States Ba   | ankruptcy Court for the:   | Northern   | District of Illinois  | _  |   |   |   |
| Case                                      | e number   |  |  | (State)   |  |   |   |   |
|   | own)   |  |  |   |  |   |   |   |
| Off                                       | icial F  | orm 106E/F   |  |   | <u>.</u>   | Ch                                      | neck if this is a   | n amended filing                            |
| <u> </u>                                  | hodu   | Jo E/E. Cro  | ditore Who   | Have Unsecu   | rad Claima   |   |   |   |
| <u> </u>                                  | neau   | ile E/F. Cred  | uitors vviio   | nave Unsecu   | red Claims   |   |   | 12/15                                       |
| party<br>106A<br>that a<br>entric<br>know | to any exe<br>/B) and on<br>are listed in<br>es in the bo<br>n). | cutory contracts or une<br>Schedule G: Executory<br>Schedule D: Creditors<br>exes on the left. Attach to | xpired leases that could in<br>Contracts and Unexpired<br>Who Hold Claims Securate<br>the Continuation Page to | rs with PRIORITY claims and result in a claim. Also list exe of Leases (Official Form 106G and by Property. If more space this page. On the top of any                                | ecutory contracts on <i>Sch</i><br>i). Do not include any cre<br>ie is needed, copy the Pa | nedule A/B<br>editors wit<br>art you ne | <i>: Property</i> (O<br>h partially sed<br>ed, fill it out, i | Official Form<br>cured claims<br>number the |
| Part                                      | 1: List A  | All of Your PRIORIT  | Y Unsecured Claims   | 3   |  |   |   |   |
| 1.  |  |  | secured claims against yo  | ou?   |  |   |   |   |
|   |  | o to Part 2.   |  |   |  |   |   |   |
|   | Yes.   |  |  |   |  |   |   |   |
| 2.  | listed, iden<br>much as po<br>Continuation                       | tify what type of claim it is.<br>ossible, list the claims in al<br>on Page of Part 1. If more           | If a claim has both priority a<br>phabetical order according<br>than one creditor holds a p                    | ore than one priority unsecured<br>and nonpriority amounts, list tha<br>to the creditor's name. If you h<br>articular claim, list the other cre<br>r this form in the instruction boo | t claim here and show both<br>ave more than two priority<br>editors in Part 3.             | h priority an                           | d nonpriority a   | mounts. As                                  |
|   |  |  |  |   |  |   |   |   |

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| Debto | or 1 Evayon   | K                         |                         | hnson             | Case number (if  | known)   |             |
|-------|---|---------------------------|-------------------------|-------------------|--|--|-------------|
|       | First Name  | Middle Nam                |                         | t Name            |  |  |             |
|       | 2: List All of Your N                               |                           |                         |                   |  |  |             |
| 3. I  | Do any creditors have n                             |                           |                         |                   |  |  |             |
|       | No. You have nothing                                | to report in this part.   | Submit this form to the | e court with your | other schedules.   |  |             |
|       | ✓ Yes.  |                           |                         |                   |  |  |             |
|       |   |                           |                         |                   |  | claim. If a creditor has more  |             |
|       |   |                           |                         |                   |  | <ul> <li>s. Do not list claims already<br/>ority unsecured claims fill ou</li> </ul> |             |
|       | Page of Part 2.                                     | iorao a particular ciair. | .,                      | ,                 | a nave mere alam lear p                                    | only unlessured significant of   |             |
|       |   |                           |                         |                   |  |  | Total claim |
| 4.1   | AT&T  |                           |                         | l ast 4 dinits    | of account number  |  | \$5.00      |
|       | Nonpriority Creditor's No<br>PO Box 105262          | ame                       |                         | _                 | ne debt incurred?  | <br>n/a  |             |
|       | Number Stre   | et                        |                         | -                 |  |  |             |
|       |   |                           |                         |                   | e you file, the claim is:                                  | Check all that apply.  |             |
|       |   |                           |                         | Continge          |  |  |             |
|       | Atlanta   | Georgia                   | 30348                   | Unliquida         |  |  |             |
|       | City Who incurred the deb                           | State  ot? Check one.     | Zip Code                | Disputed          |  |  |             |
|       | ✓ Debtor 1 only                                     |                           |                         | Type of NON       | PRIORITY unsecured of                                      | claim:   |             |
|       | Debtor 2 only                                       |                           |                         | Student lo        | oans   |  |             |
|       | Debtor 1 and Debtor                                 | r 2 only                  |                         |                   | ns arising out of a separa<br>did not report as priority c | ation agreement or divorce   |             |
|       | At least one of the de                              | ebtors and another        |                         |                   | pension or profit-sharing                                  |  |             |
|       | Check if this claim                                 | relates to a commu        | nity debt               | debts             |  |  |             |
|       | Is the claim subject to                             | offset?                   |                         | ✓ Other. Sp       | pecify Notice O  | Only   |             |
|       | ✓ No  |                           |                         |                   |  |  |             |
|       | Yes   |                           |                         |                   |  |  |             |
| 4.2   | Austin Towers Realty                                |                           |                         | l ast 4 digits    | of account number  |  | \$2,300.00  |
|       | Nonpriority Creditor's Na<br>5501 W Washington Blvo |                           |                         | _                 | ne debt incurred?  | <br>n/a  |             |
|       | Number Stre   |                           |                         |                   |  |  |             |
|       |   |                           |                         |                   | e you file, the claim is:                                  | Check all that apply.  |             |
|       |   |                           |                         | Continge          |  |  |             |
|       | Chicago<br>Citv                                     | Illinois<br>State         | 60644<br>Zip Code       | Unliquida         |  |  |             |
|       | Who incurred the deb                                |                           | Zip Code                | Disputed          |  |  |             |
|       | ✓ Debtor 1 only                                     |                           |                         |                   | PRIORITY unsecured of                                      | claim:   |             |
|       | Debtor 2 only                                       |                           |                         | Student lo        |  |  |             |
|       | Debtor 1 and Debtor                                 | r 2 only                  |                         |                   | ns arising out of a separa<br>did not report as priority c | ation agreement or divorce   |             |
|       | At least one of the de                              | ebtors and another        |                         |                   | pension or profit-sharing                                  |  |             |
|       | Check if this claim                                 | relates to a commu        | nity debt               | debts             |  |  |             |
|       | Is the claim subject to                             | offset?                   |                         | ✓ Other. Sp       | pecify Back R  | Rent   |             |
|       | ✓ No  |                           |                         |                   |  |  |             |
|       | Yes   |                           |                         |                   |  |  |             |
| 4.3   | Bally Total Fitness                                 |                           |                         | Last 4 digits     | of account number  |  | \$0.00      |
|       | Nonpriority Creditor's Na<br>8700 W Bryn Mawr Ave   | ame                       |                         | _                 | ne debt incurred?  | <br>n/a  |             |
|       | Number Stre   | et                        |                         |                   |  |  |             |
|       |   |                           |                         | Continge          | e you file, the claim is:                                  | Спеск ан глаг арргу.   |             |
|       | •   |                           |                         | Unliquida         |  |  |             |
|       | Chicago<br>City                                     | Illinois<br>State         | 60631<br>Zip Code       | · 💳               |  |  |             |
|       | Who incurred the deb                                |                           |                         | Disputed          |  | alaim.   |             |
|       | ✓ Debtor 1 only                                     |                           |                         |                   | PRIORITY unsecured of                                      | Jidifff:   |             |
|       | Debtor 2 only                                       |                           |                         | Student lo        |  |  |             |
|       | Debtor 1 and Debtor                                 | r 2 only                  |                         | U Obligatio       | ns arising out of a separa<br>did not report as priority c | ation agreement or divorce laims   |             |
|       | At least one of the de                              | ebtors and another        |                         |                   | pension or profit-sharing                                  |  |             |
|       | Check if this claim                                 | relates to a commu        | nity debt               | debts             |  |  |             |
|       | Is the claim subject to                             | offset?                   |                         | ✓ Other. Sp       | pecify Notice (  | Uniy   |             |
|       | No  |                           |                         |                   |  |  |             |
|       | Yes   |                           |                         |                   |  |  |             |

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Debtor 1 Evayon Johnson Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CAPITAL ONE BANK (USA), N.A 4.4 \$298.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO BOX 85520 When was the debt incurred? 8/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent RICHMOND 23285 Virginia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify\_ **✓** No Yes 4.5 City of Chicago Parking \$1,600.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60602 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Parking Tickets Other. Specify Is the claim subject to offset? **✓** No Yes **CREDIT MANAGEMENT LP** \$209.00 Last 4 digits of account number Nonpriority Creditor's Name 4200 INTÉRNATIONAL PKWY When was the debt incurred? 6/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 75007 CARROLLTON Texas Unliquidated State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **✓** 001 Collection; Collecting for **✓** No ORIGINAL CREDITOR:

Yes

Other. Specify

COMCAST CENTRAL

WAREHOUSE

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Debtor 1 Evayon Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** FEDERAL LOAN SERVICE 4.7 \$1,690.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 60610 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 17106 Harrisburg Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes FEDERAL LOAN SERVICE 4.8 \$1,260.00 Last 4 digits of account number 0002 Nonpriority Creditor's Name P.O. Box 60610 When was the debt incurred? 9/1/2003 Number As of the date you file, the claim is: Check all that apply. Contingent Pennsylvania 17106 Harrisburg Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No ☐ Yes FEDERAL LOAN SERVICE 4.9 \$850.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name P.O. Box 60610 When was the debt incurred? 11/1/2005 Number As of the date you file, the claim is: Check all that apply. Contingent Harrisburg Pennsylvania 17106 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify\_ **✓** No

Yes

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Debtor 1 Evayon Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** HARVARD COLLECTION 4.10 \$1,126.00 Last 4 digits of account number Nonpriority Creditor's Name 4839 ELSTON AVE When was the debt incurred? 7/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent CHICAGO 60630 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for **✓** No ORIGINAL CREDITOR: IL DEPT Other. Specify\_ OF HUMAN SVCS l Yes 4.11 **IDES Springfield** \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 19286 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Benefit Repayments Contingent Unliquidated Springfield Illinois 62794 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Overpayment of Benefits ✓ Other. Specify Is the claim subject to offset? **✓** No Yes Illinois Tollway 4.12 \$5.00 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogdén Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated Downers Grove Illinois 60515 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify Notice Only Is the claim subject to offset? **✓** No

☐ Yes

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| Debtor  |  | Johnson Case number (if known) Last Name  |             |
|---------|--|---|-------------|
| Part 2: |  |   |             |
|         | After listing any entries on this page, number them beginn |   | Total claim |
| 4.13    | JPMORGAN CHASE BANK  | •   | \$600.00    |
|         | Nonpriority Creditor's Name                                | Last 4 digits of account number   | φοσο.σσ     |
|         | 2000 MARCUS AVENUE Number Street                           | When was the debt incurred?n/a  |             |
|         |  | As of the date you file, the claim is: Check all that apply.  |             |
|         |  | Contingent  |             |
|         | NEW HYDE PARK New York 11042                               | Unliquidated  |             |
|         | City State Zip Code Who incurred the debt? Check one.      | Disputed  |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|         | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts   |             |
|         | Is the claim subject to offset?                            | ✓ Other. Specify NSF  |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |
| 4.14    | Sir Finance  | Lost 4 digits of account number   | \$1,000.00  |
|         | Nonpriority Creditor's Name<br>6140 N. Lincoln             | Last 4 digits of account number   | <u> </u>    |
|         | Number Street  | When was the debt incurred?n/a  |             |
|         |  | As of the date you file, the claim is: Check all that apply.  |             |
|         |  | Contingent  |             |
|         | Chicago Illinois 60659                                     | Unliquidated  |             |
|         | City State Zip Code Who incurred the debt? Check one.      | Disputed  |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|         | At least one of the debtors and another                    | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar                         |             |
|         | Check if this claim relates to a community debt            | debts   |             |
|         | Is the claim subject to offset?                            | Other. Specify Payday Loan  |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |
| 4.15    | Sprint Corp.   | — Last 4 digits of account number   | \$5.00      |
|         | Nonpriority Creditor's Name<br>PO Box 7949                 | When was the debt incurred?   |             |
|         | Number Street  |   |             |
|         | Attn Bankruptcy Dept                                       | As of the date you file, the claim is: Check all that apply.  |             |
|         |  | Contingent  |             |
|         | Overland ParkKansas66207CityStateZip Code                  | Unliquidated  |             |
|         | Who incurred the debt? Check one.                          | Disputed  |             |
|         | ✓ Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only                                 | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
|         | At least one of the debtors and another                    | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Check if this claim relates to a community debt            | debts   |             |
|         | Is the claim subject to offset?                            | ✓ Other. Specify Notice Only  |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |

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| Debtor  |   | hnson Case number (if known)  |             |
|---------|---|---|-------------|
|         | First Name Middle Name Las  | st Name   |             |
| Part 2: | Your NONPRIORITY Unsecured Claims - Contin                                      | uation Page   |             |
|         | After listing any entries on this page, number them beginning                   |   | Total claim |
| 4.16    | The Money Store Nonpriority Creditor's Name                                     | Last 4 digits of account number   | \$200.00    |
|         | 7204 Madison St Number Street   | When was the debt incurred?n/a  |             |
|         | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|         |   | Contingent  |             |
|         | Forest Park Illinois 60130  | Unliquidated  |             |
|         | City State Zip Code   | Disputed  |             |
|         | Who incurred the debt? Check one.  Debtor 1 only                                | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only   | Student loans   |             |
|         | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Check if this claim relates to a community debt Is the claim subject to offset? | ✓ Other. Specify Payday Loan  |             |
|         | ✓ No  Yes   |   |             |
| 4.17    | US Bank<br>Nonpriority Creditor's Name  | Last 4 digits of account number   | \$1,200.00  |
|         | 425 Walnut Street   | When was the debt incurred?n/a  |             |
|         | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|         |   | Contingent  |             |
|         | Cincinnati Ohio 45202   | Unliquidated  |             |
|         | City State Zip Code   | Disputed  |             |
|         | Who incurred the debt? Check one.  Debtor 1 only                                | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only   | Student loans   |             |
|         | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Check if this claim relates to a community debt                                 | debts  Other. Specify NSF   |             |
|         | Is the claim subject to offset?   | ✓ Other. Specify NSF  |             |
|         | ✓ No  |   |             |
|         | Yes   |   |             |

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| or 1 Evayon     |                      | K                    | Johnson                    | Case                | number (if known)   |
|-----------------|----------------------|----------------------|----------------------------|---------------------|---|
| First Name      |                      | Middle Name          | Last Name                  |                     |   |
| 3: List Othe    | rs to Be Notified    | About a Debt 1       | That You Already           | Listed              |   |
|                 |                      |                      | -                          |                     |   |
|                 |                      |                      |                            |                     | ou already listed in Parts 1 or 2. For example, if a        |
|                 |                      |                      |                            |                     | original creditor in Parts 1 or 2, then list the collection |
| • .             | • •                  |                      | •                          | •                   | d in Parts 1 or 2, list the additional creditors here. If   |
| you do not have | e additional persons | s to be notified for | any debts in Parts 1       | or 2, do not fill o | out or submit this page.                                    |
| Rent Recovery S | Solutions, LLC       |                      |                            |                     |   |
| Name            | 00.000.00            |                      | On which entry             | y in Part 1 or Par  | t 2 did you list the original creditor?                     |
| 1945 The Excha  | ingo Suito 120       |                      | Line 4.2                   | of (Check           | Part 1: Creditors with Priority Unsecured Claim             |
|                 | Street               |                      | rait it dicates wat it not |                     |   |
| Number Sire     | ureet.               |                      |                            | onoj.               | ✓ Part 2: Creditors with Nonpriority Unsecured Claims       |
| Atlanta         | Georgia              | 30339                | Last 4 digits o            | f account numb      | er  |
| City            | State                | Zip Code             |                            |                     | <del></del>   |
| Arnold Scott Ha | rris PC              |                      |                            |                     |   |
| Name            |                      |                      | On which entry             | y in Part 1 or Par  | t 2 did you list the original creditor?                     |
| 111 W Jackson # | ŧ 600                |                      | Line 4.5                   | of (Check           | Part 1: Creditors with Priority Unsecured Claim             |
| Number Stre     | Street               |                      |                            | one):               | Part 2: Creditors with Nonpriority Unsecured                |
|                 |                      |                      |                            |                     | Claims  |
| Chicago         | Illinois             | 60604                | Last 4 digits o            | f account numb      | er  |
| City            | State                | Zip Code             |                            |                     | ·   |

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Johnson Debtor 1 Evayon Case number (if known) Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that 6d. amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$3,800.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$11,548.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$15,348.00 6j. Total. Add lines 6f through 6i. 6j.

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| Fill in this information to identify your case: |                          |             |                              |  |  |  |  |
|---|--------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Evayon                   | К           | Johnson                      |  |  |  |  |
|   | First Name               | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                          |             |                              |  |  |  |  |
| (Spouse, if filing                              | First Name               | Middle Name | Last Name                    |  |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                          |             | (Glaic)                      |  |  |  |  |

| 0 | ff | ici | al | F | or | m | ۱ 1 | 0 | 6 | G |
|---|----|-----|----|---|----|---|-----|---|---|---|
| _ |    |     |    | - |    |   |     | _ | _ | _ |

Check if this is an amended filing

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                |  |  |   | oumone rago oo                    |  |
|----------------|--|--|---|-----------------------------------|--|
| Fill in        | this inforn                              | nation to identify your cas  | e:  |                                   |  |
| Debto          | or 1                                     | Evayon   | K   | Johnson                           |  |
|                |  | First Name   | Middle Name   | Last Name                         | _  |
| Debto<br>(Spor |  | ) First Name   | Middle Name   | Last Name                         | _  |
|                |  |  |   |                                   |  |
| Unite          | d States B                               | ankruptcy Court for the:   | Northern  | District of Illinois (State)      | _  |
|                | number                                   |  |   | (Otato)                           | _  |
| (If kno        | own)                                     |  |   |                                   | Check if this is an amended filing   |
| Offi           | icial F                                  | Form 106H  |   |                                   | •  |
|                |  | _  | adabtara  |                                   |  |
|                |  | e H: Your Co   |   |                                   | 12/15  Diete and accurate as possible. If two married people are filing  |
|                | Do you Do you Do Yes Within to Idaho, Lo | uestion. have any codebtors? (I s he last 8 years, have youisiana, Nevada, New M | f you are filing a joint case,<br>ou lived in a community p | do not list either spouse as a co | dditional Pages, write your name and case number (if known).  debtor.)  ommunity property states and territories include Arizona, California,  |
|                |  | . Go to line 3.  | r spouse, or legal equivaler                                | at live with you at the time?     |  |
|                |  | s. Dia your spouse, ronne<br>No  | spouse, or legal equivaler                                  | it live with you at the time?     |  |
|                | ä  |  | y state or territory did you liv                            | ve?Fill ir                        | the name and current address of that person.   |
|                |  | Name of your spouse, for   | ormer spouse, or legal equi                                 | valent                            | -  |
|                |  | Number Street  |   |                                   | -  |
|                |  | City   | State   | Zip Code                          | -  |
| 3.             | again as<br>Schedu                       | a codebtor only if that  | person is a guarantor of                                    | r cosigner. Make sure you ha      | our spouse is filing with you. List the person shown in line 2 we listed the creditor on <i>Schedule D</i> (Official Form 106D), ule D, Schedule E/F, or Schedule G to fill out Column 2.  Column 2: The creditor to whom you owe the debt |
|                |  |  |   |                                   | Check all schedules that apply:  |
| 3.1            | Johnson                                  | , Gloria   |   |                                   | Schedule D, line 2.1   |
|                | Name                                     | 4101 W Crystal St  |   |                                   | Schedule E/F, line   |

60651

Zip Code

Schedule G, line

Number

Chicago

City

Street

Illinois

State

|                               | Case 16-3613                                       |                          |                                 | Entered<br>age 34 c | 11/12/16 :<br>of 70    | 15:41:11          | Desc Ma                             | ain                               |
|-------------------------------|--|--------------------------|---------------------------------|---------------------|------------------------|-------------------|-------------------------------------|-----------------------------------|
| Fill in this in               | nformation to identify                             | y your case:             |                                 |                     |                        |                   |                                     |                                   |
| Debtor 1                      | Evayon<br>First Name                               | K<br>Middle Name         | Johnson<br>Last Nam             | e                   | -                      | Check if this is: |                                     |                                   |
| Debtor 2<br>(Spouse, if filin | g) First Name                                      | Middle Name              | Last Nam                        | e                   | -                      | An amended        | d filing                            |                                   |
|                               | Bankruptcy Court for the:                          | Northern                 | District of Illino (Stat        |                     | _                      |                   | nt showing pos<br>s of the followin | st-petition chapter 13<br>g date: |
| Case number<br>(If known)     |  |                          |                                 |                     | _                      | MM / DD / Y       | /YYY                                |                                   |
| Official                      | Form 106I  |                          |                                 |                     |                        |                   |                                     |                                   |
| Schedu                        | le I: Your Inc                                     | ome                      |                                 |                     |                        |                   |                                     | 12/15                             |
|                               | escribe Employme                                   | nt                       | Debtor 1                        |                     |                        | Debtor 2          |                                     |                                   |
| inf                           | ormation.  ou have more than one                   | Employment status        | Employed  Not Employed          |                     | Employed  Not Employed |                   |                                     |                                   |
| info                          | ach a separate page with ormation about additional | Occupation               | Food Prepare                    | :r                  |                        | Forklift Drive    | ſ                                   |                                   |
|                               | ployers. lude part time, seasonal,                 | Employer's name          | Rush Oak Pa                     | ·                   |                        |                   | ndustries LLC                       |                                   |
| or                            | f-employed work.                                   | Employer's address       | 520 S. Maple .<br>Number Street | Ave                 |                        | Number Street     | n Ave                               |                                   |
|                               | cupation may include<br>dent                       |                          |                                 |                     |                        |                   |                                     |                                   |
| or h                          | nomemaker, if it applies.                          |                          | Oak Park<br>City                | Illinois<br>State   | 60304<br>Zip Code      | Chicago<br>City   | Illinois<br>State                   | 60624<br>Zip Code                 |
|                               |  | How long employed there? | 5 years 2 mon                   |                     | _p 2130                | 1 year 4 mont     |                                     | ,                                 |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

|    | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--------------|-----------------------------------|
| 2. | \$1,777.10   | \$1,820.00                        |
| 3. | + \$0.00     | + \$0.00                          |
| 4  | \$1 777 10   | \$1,820,00                        |

Official Form 106l Schedule I: Your Income page 1

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| Debtor               | 1 Evayon  | K<br>Middle Nerse  | Johnson<br>Last Name | Case number              | (if known)                        |       |                         |
|----------------------|---|--|----------------------|--------------------------|-----------------------------------|-------|-------------------------|
|                      | First Name  | Middle Name  | Last Name            | For Debtor 1             | For Debtor 2 or non-filing spouse |       |                         |
| Сору                 | / line 4 here   |  | <b>→</b> 4.          | \$1,777.10               | \$1,820.00                        | '     |                         |
| 5. List a            | all payroll ded   |  |                      |                          |                                   |       |                         |
| 5a. <b>T</b>         | Tax, Medicare,  | and Social Security deductions   | 5a.                  | \$247.45                 | \$277.62                          |       |                         |
| 5b. <b>N</b>         | Mandatory co  | ntributions for retirement plans   | 5b.                  | \$0.00                   | \$0.00                            |       |                         |
| 5c. <b>V</b>         | oluntary cont   | ributions for retirement plans   | 5c.                  | \$0.00                   | \$0.00                            |       |                         |
| 5d. <b>F</b>         | Required repa   | yments of retirement fund loans  | 5d.                  | \$0.00                   | \$0.00                            |       |                         |
| 5e. <b>l</b> ı       | nsurance  |  | 5e.                  | \$38.07                  | \$0.00                            |       |                         |
| 5f. <b>D</b>         | omestic supp  | oort obligations   | 5f.                  | \$0.00                   | \$0.00                            |       |                         |
| 5g. <b>l</b>         | Jnion dues  | -  | 5g.                  | \$0.00                   | \$0.00                            |       |                         |
| 5h. <b>C</b>         | Other deduction   | ons. Specify:  | •                    | \$0.00                   | + \$0.00                          |       |                         |
|                      |   | ductions. Add lines 5a + 5b + 5c + 5d + 5e +5  |                      | \$285.52                 | \$277.62                          |       |                         |
| 7. Calcu             | ulate total moi   | nthly take-home pay. Subtract line 6 from line   | 4. 7.                | \$1,491.58               | \$1,542.39                        |       |                         |
| 8. List a            | all other incom   | e regularly received:  |                      |                          |                                   |       |                         |
| b                    | ousiness, prof  | om rental property and from operating a ession, or farm  |                      |                          |                                   |       |                         |
| re                   |   | ent for each property and business showing gro<br>y and necessary business expenses, and the to<br>me.   |                      | \$0.00                   | \$0.00                            |       |                         |
| 8b. <b>l</b> ı       | nterest and di  | vidends  | 8b.                  | \$0.00                   | \$0.00                            |       |                         |
| d                    | lependent reg   | •  | ra                   |                          |                                   |       |                         |
| d                    | livorce settleme  | spousal support, child support, maintenance, nt, and property settlement.  | 8c.                  | \$0.00                   | \$0.00                            |       |                         |
| 8d. <b>L</b>         | Jnemploymen   | t compensation   | 8d.                  | \$0.00                   | \$0.00                            |       |                         |
| 8e. <b>S</b>         | Social Security   |  | 8e.                  | \$0.00                   | \$0.00                            |       |                         |
| In<br>as<br>th<br>sı | nclude cash ass<br>ssistance that y<br>ne Supplementa<br>ubsidies | ent assistance that you regularly receive<br>istance and the value (if known) of any non-cast<br>ou receive, such as food stamps (benefits unde<br>al Nutrition Assistance Program) or housing | r                    |                          |                                   |       |                         |
|                      |   |  | 8f.                  | \$0.00                   | \$0.00                            |       |                         |
| •                    |   | irement income   | 8g.                  | \$0.00                   | \$0.00                            |       |                         |
|                      |   | income. Specify:   |                      |                          |                                   | 1     |                         |
| 9. <b>Add</b> a      | all other incon   | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +   | 8h. 9.               | \$0.00                   | \$0.00                            |       |                         |
|                      |   | income. Add line 7 + line 9.<br>ne 10 for Debtor 1 and Debtor 2 or non-filing sp   | 10.<br>oouse         | \$1,491.58               | <b>+</b> \$1,542.39               | =     | \$3,033.97              |
| Inclu<br>relati      | de contribution:<br>ives.   | ular contributions to the expenses that you<br>s from an unmarried partner, members of your h<br>amounts already included in lines 2-10 or amour   | ousehold, your de    | ependents, your roommate | •                                 |       |                         |
| Spec                 | cify:   |  |                      |                          |                                   | 11. + | \$0.00                  |
|                      |   | n the last column of line 10 to the amount in the Summary of Schedules and Statistical Sur   |                      |                          |                                   | 12.   | \$3,033.97              |
|                      |   | ,  | ,                    |                          | ,                                 |       | Combined monthly income |
| 13. <b>Do</b> y      | ou expect an  | increase or decrease within the year after y   | ou file this form    | ?                        |                                   |       | -                       |
| <b>✓</b>             | No.   |  |                      |                          |                                   |       |                         |
| 一片                   | Yes. Explain:   |  |                      |                          |                                   |       |                         |
| ш                    |   |  |                      |                          |                                   |       |                         |
|                      |   |  |                      |                          |                                   |       |                         |

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| Fill in this inform    | nation to identify your                   |                                    |                                       |                       |                                |
|------------------------|---|------------------------------------|---------------------------------------|-----------------------|--------------------------------|
| FIII IN this inform    | nation to identify your                   | Case:                              |                                       |                       |                                |
| Debtor 1               | Evayon<br>First Name                      | K<br>Middle Neme                   | Johnson Last Name                     |                       |                                |
| Debtor 2               | riist name                                | Middle Name                        | Last Name                             | Check if this is:     |                                |
| (Spouse, if filing     | First Name                                | Middle Name                        | Last Name                             | An amended filin      | α                              |
| United States B        | ankruptcy Court for th                    | ne: Northern                       | District of Illinois                  | =                     | owing post-petition chapter 13 |
| Ormod Otatoo E         | annapioy Countries an                     | o. <u>rioratorii</u>               | (State)                               | expenses as of the    |                                |
| Case number (If known) |   |                                    |                                       |                       |                                |
| (                      |   |                                    |                                       | MM / DD / YYYY        | <b>(</b>                       |
| Official I             | Form 106J                                 |                                    |                                       |                       |                                |
| Schedul                | e J: Your I                               | Expenses                           |                                       |                       | 12/1                           |
|                        |   | •                                  | e filing together, both are equally i | responsible for suppl |                                |
| information. If r      | nore space is neede                       |                                    | form. On the top of any additional    |                       |                                |
| (if known). Ans        | wer every question.                       |                                    |                                       |                       |                                |
|                        | ribe Your Hous                            | ehold                              |                                       |                       |                                |
| 1. Is this a join      | t case?                                   |                                    |                                       |                       |                                |
| ✓ No. Go               | to line 2                                 |                                    |                                       |                       |                                |
| Yes. Do                | es Debtor 2 live in                       | a separate household?              |                                       |                       |                                |
| г                      | <b>T</b> No                               |                                    |                                       |                       |                                |
|                        | _   | t file Official Forms 106 L2 Evpen | ses for Separate Household of Debto   | r 2                   |                                |
| 2. Do you have         |   | No                                 | ses for Separate Flouseriold of Debto | 1 2.                  |                                |
| dependents?            | <u> </u>                                  | INO                                |                                       |                       |                                |
| Do not list De         | ebtor 1 and                               | Yes. Fill out this information for | Dependent's relationship to           | Dependent's           | Does dependent live            |
| Debtor 2.              |   | each dependent                     | Debtor 1 or Debtor 2                  | age                   | with you?                      |
|                        |   |                                    | Child                                 | 6 years               | No. ✓ Yes.                     |
|                        |   |                                    | Child                                 | 2 years               | No.                            |
|                        |   |                                    | Office                                | <u> </u>              | ✓ Yes.                         |
| 3. Do your exp         | enses include                             | 1                                  |                                       |                       |                                |
| expenses of            | f people other                            | No                                 |                                       |                       |                                |
| yourself and           | l your                                    | Yes                                |                                       |                       |                                |
| dependents             | 6?  |                                    |                                       |                       |                                |
| Part 2: Estir          | nate Your Ongoi                           | ng Monthly Expenses                |                                       |                       |                                |
|                        | _   |                                    | ou are using this form as a suppl     | ement in a Chanter 1  | 3 case to report               |
|                        | of a date after the ba                    |                                    | plemental Schedule J, check the       |                       |                                |
|                        |   | n-cash government assistance       |                                       |                       |                                |
| such assistan          | ce and have include                       | ed it on Schedule I: Your Income   | e (Official Form B 106l.)             |                       | Your expenses                  |
|                        | or home ownership r the ground or lot. 4. | expenses for your residence. In    | clude first mortgage payments and     |                       | <b>\$300.00</b> 4.             |
| If not inclu           | uded in line 4:                           |                                    |                                       |                       |                                |
| 4a. Real es            | state taxes                               |                                    |                                       |                       | 4a <b>\$0.00</b>               |
| 4b. Propert            | y, homeowner's, or re                     | enter's insurance                  |                                       |                       | 4b. <b>\$0.00</b>              |
| 4c. Home r             | naintenance, repair, ar                   | nd upkeep expenses                 |                                       |                       | 4c. <b>\$0.00</b>              |
| 4d. Homeo              | wner's association or                     | condominium dues                   |                                       |                       | 4d. <b>\$0.00</b>              |

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Case number (if known)

Johnson

Debtor 1

Evayon

First Name Middle Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$200.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$190.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$850.00 7. 8. Childcare and children's education costs \$110.00 8. 9. Clothing, laundry, and dry cleaning 9. \$150.00 10. Personal care products and services 10. \$200.00 11. Medical and dental expenses \$100.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$300.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$100.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$123.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1          |                                   | K                            | Johnson                         | Case number (if known) |     |            |
|-------------------|-----------------------------------|------------------------------|---------------------------------|------------------------|-----|------------|
|                   | First Name                        | Middle Name                  | Last Name                       |                        |     |            |
| 21.Other          | . Specify:                        |                              |                                 |                        | 21  | \$0.00     |
|                   |                                   |                              |                                 |                        |     |            |
| 22. Calcu         | late your monthly expenses        |                              |                                 |                        |     | \$2,623.00 |
| 22a. <i>A</i>     | Add lines 4 through 21.           |                              |                                 |                        |     | \$0.00     |
| 22b. C            | Copy line 22 (monthly expenses    | s for Debtor 2), if any, fro | om Official Form 106J-2         |                        |     | \$2,623.00 |
| 22c. A            | add line 22a and 22b. The resul   | t is your monthly expens     | ses.                            |                        | 22. |            |
| 23.Calcu          | late your monthly net incom       | ie.                          |                                 |                        |     |            |
| 23a. C            | Copy line 12 (your combined mo    | 23a                          | \$3,033.96                      |                        |     |            |
| 23b. C            | Copy your monthly expenses from   | m line 22 above.             |                                 |                        | 23b | \$2,623.00 |
| 23c S             | Subtract your monthly expenses    |                              |                                 |                        |     |            |
|                   | The result is your monthly net in | ,                            | mo.                             |                        | 23c | \$410.96   |
|                   |                                   |                              |                                 |                        |     |            |
| 24. <b>Do y</b> o | ou expect an increase or dec      | rease in your expens         | es within the year after you    | ı file this form?      |     |            |
|                   | example, do you expect to finish  |                              |                                 |                        |     |            |
| mon               | gage payment to increase or de    | ecrease because of a n       | nodification to the terms of yo | ur mongage?            |     |            |
| <b>✓</b> 1        | No                                |                              |                                 |                        |     |            |
|                   | ⁄es                               |                              |                                 |                        |     |            |
| _                 | E le le le le                     |                              |                                 |                        |     |            |
|                   | Explain here:                     |                              |                                 |                        |     |            |
|                   |                                   |                              |                                 |                        |     |            |
|                   |                                   |                              |                                 |                        |     |            |
|                   |                                   |                              |                                 |                        |     |            |
|                   |                                   |                              |                                 |                        |     |            |
|                   |                                   |                              |                                 |                        |     |            |
|                   |                                   |                              |                                 |                        |     |            |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Evayon                    | K           | Johnson              |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |
| (Spouse, if filing                              | <sup>1g)</sup> First Name | Middle Name | Last Name            |  |  |  |  |  |
| United States                                   | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
| Case number (If known)                          |                           |             | (State)              |  |  |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below   |   |  |  |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |   |  |  |  |  |  |  |  |  |
|     | ✓ No   |   |  |  |  |  |  |  |  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |   |  |  |  |  |  |  |  |  |
| ×   | /s/ Evayon Johnson   | <b>x</b>  |  |  |  |  |  |  |  |  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |  |  |  |  |
|     | Date 11/12/2016  | Date  |  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |  |  |  |  |  |  |  |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Evayon     | K           | Johnson              |  |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  |            |             |                      |  |  |  |  |  |
| (Spouse, if filing) First Name                  |            | Middle Name | Last Name            |  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |  |
|   |            |             | (State)              |  |  |  |  |  |
| Case number                                     |            |             |                      |  |  |  |  |  |
| (If known)                                      |            |             |                      |  |  |  |  |  |

### Official Form 107

Check if this is an amended filing

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | Part 1: Give Details About Your Marital Status and Where You Lived Before |                           |                |                        |  |              |                  |          |                             |  |
|------|---|---------------------------|----------------|------------------------|--|--------------|------------------|----------|-----------------------------|--|
| 1.   | Wh  | at is your curre          | ent marital s  | tatus?                 |  |              |                  |          |                             |  |
|      | <b>✓</b>  | Married<br>Not married    |                |                        |  |              |                  |          |                             |  |
| 2.   | Dui   | ring the last 3 ye        | ears, have yo  | ou lived anywhere      | other than where you live  | now?         |                  |          |                             |  |
|      | <b>✓</b>  | No<br>Yes. List all of th | ne places you  | lived in the last 3 ye | ears. Do not include where yo  | ou live now. |                  |          |                             |  |
|      |   | Debtor 1:                 |                |                        | Dates Debtor 1 lived there   | Debtor 2:    |                  |          | Dates Debtor 2 lived there  |  |
|      |   |                           |                |                        | Same as Debtor 1   |              | Same as Debtor 1 |          |                             |  |
|      |   | Number Street             |                | From                   | Number Stre  | eet          |                  | From     |                             |  |
|      |   |                           |                |                        | To   |              |                  |          | То                          |  |
|      |   | City                      | State          | Zip Code               |  | City         | State            | Zip Code |                             |  |
|      |   |                           |                |                        |  | Same as      | Debtor 1         |          | Same as Debtor 1            |  |
|      |   | Number Street             |                |                        | From   | Number Stre  | eet              |          | From                        |  |
|      |   |                           |                |                        | To   |              |                  |          | To                          |  |
|      |   | City                      | State          | Zip Code               |  | City         | State            | Zip Code |                             |  |
|      | territo   | ories include Ariza<br>No | ona, Californi | a, Idaho, Louisiana    | ouse or legal equivalent in,<br>Nevada, New Mexico, Puer<br>ebtors (Official Form 106H). |              |                  |          | mmunity property states and |  |
|      |   |                           |                |                        |  |              |                  |          |                             |  |

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| Deb  | tor 1                            |  | Johnso  |   | number (if known)  |  |
|------|----------------------------------|--|---|---|--|--|
|      |                                  |  | Name Last Nam   | ne  |  |  |
| Part | 2:                               | Explain the Sources of Your  | Income  |   |  |  |
|      | Fill i                           | you have any income from employm<br>n the total amount of income you receive<br>vities. If you are filing a joint case and you<br>No<br>Yes. Fill in the details.  | ed from all jobs and all busines  | sses, including part-time   |  | ars?   |
|      |                                  |  | Debtor 1  |   | Debtor 2   |  |
|      |                                  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)            |
|      |                                  | rom January 1 of current year until<br>ne date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business  | \$18956.99  | <ul><li> Wages, commissions, bonuses, tips</li><li> Operating a business</li></ul>             |  |
|      |                                  | or last calendar year:<br>lanuary 1 to December 31, 2015 )<br>YYYY   | Wages, commissions, bonuses, tips Operating a business  | \$16000.00  | <ul><li> Wages,<br/>commissions,<br/>bonuses, tips</li><li> Operating a<br/>business</li></ul> |  |
|      |                                  | or the calendar year before that:<br>lanuary 1 to December 31, 2014 )<br>YYYY  | Wages, commissions, bonuses, tips Operating a business  | \$15000.00  | <ul><li> Wages, commissions, bonuses, tips</li><li> Operating a business</li></ul>             |  |
| <br> | Inclui<br>bene<br>case<br>List e | you receive any other income during de income regardless of whether that income; if payments; pensions; rental income; ir and you have income that you received each source and the gross income from No Yes. Fill in the details. | come is taxable. Examples of onterest; dividends; money colle together, list it only once under | other income are alimony; chected from lawsuits; royalties<br>Debtor 1.   | ; and gambling and lottery winning   |  |
|      |                                  |  | Debtor 1  |   | Debtor 2   |  |
|      |                                  |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions) |
|      |                                  | rom January 1 of current year until<br>he date you filed for bankruptcy:   |   |   |  |  |
|      |                                  | For last calendar year:  January 1 to December 31, 2015 )  YYYY  |   |   |  |  |
|      |                                  | For the calendar year before that:  January 1 to December 31, 2014 )  YYYY   |   |   |  |  |
|      |                                  |  |   |   |  |  |

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| Debtor   |   | Evayon<br>First Name |                   | K<br>Middle Name | Johnson<br>Last Name          | Case numbe                         | r (if known)                |                                |  |  |
|----------|---|----------------------|-------------------|------------------|-------------------------------|------------------------------------|-----------------------------|--------------------------------|--|--|
| Part 3:  | L   | ist Certain P        | ayments You       | u Made Be        | efore You Filed for           | Bankruptcy                         |                             |                                |  |  |
| 6. Are   | e ei  | ther Debtor 1's      | or Debtor 2's de  | ebts primari     | ly consumer debts?            |                                    |                             |                                |  |  |
|          |   | o. Neither Debt      |                   | r 2 has prim     | arily consumer debts.         | Consumer debts are defined in      | 11 U.S.C. § 101(8) as "incu | rred by an individual          |  |  |
|          |   | During the 90        | days before you   | filed for bank   | ruptcy, did you pay any cr    | editor a total of \$6,425* or more | e?                          |                                |  |  |
|          |   | No. Go to            | line 7.           |                  |                               |                                    |                             |                                |  |  |
|          | Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |                      |                   |                  |                               |                                    |                             |                                |  |  |
|          |   | * Subject to a       | djustment on 4/0° | 1/19 and eve     | ry 3 years after that for cas | ses filed on or after the date of  | adjustment.                 |                                |  |  |
| <b>✓</b> | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  |                      |                   |                  |                               |                                    |                             |                                |  |  |
|          |   | During the 90        | days before you   | filed for bank   | ruptcy, did you pay any cr    | editor a total of \$600 or more?   |                             |                                |  |  |
|          |   | ✓ No. Go to          | line 7.           |                  |                               |                                    |                             |                                |  |  |
|          | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.                            |                      |                   |                  |                               |                                    |                             |                                |  |  |
|          |   |                      |                   |                  | Dates of payment              | Total amount paid                  | Amount you still owe        | Was this payment for           |  |  |
|          | C   | reditor's Name       |                   |                  |                               |                                    |                             | Mortgage                       |  |  |
|          | N   | lumber Street        |                   |                  |                               |                                    |                             | Car Credit card Loan repayment |  |  |
|          | C   | City S               | State Zip         | Code             |                               |                                    |                             | Suppliers or vendors Other     |  |  |
|          | C   | reditor's Name       |                   |                  |                               |                                    |                             | Mortgage Car                   |  |  |
|          | N   | lumber Street        |                   |                  |                               |                                    |                             | Credit card Loan repayment     |  |  |
|          | C   | City S               | State Zip         | Code             |                               |                                    |                             | Suppliers or vendors  Other    |  |  |
|          | C   | reditor's Name       |                   |                  |                               |                                    |                             | Mortgage                       |  |  |
|          | N   | lumber Street        |                   |                  |                               |                                    |                             | Car Credit card Loan repayment |  |  |
|          | C   | Sity S               | State Zip         | Code             |                               |                                    |                             | Suppliers or vendors Other     |  |  |

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| Within 1 year before you filed for bankruptcy, did you make a pyrment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; cosporations of the which you are a general partner; cosporations of which y | ebtor 1               | Evayon   | K  |   | Johnson                            |                                   | Case number (if k                            | nown)  |
|--|-----------------------|--|--|---|------------------------------------|-----------------------------------|--|--|
| Insider's Name Number Street    City   State   Zip Code  |                       | First Name   | Midd   | e Name                                  | Last Name                          |                                   |  |  |
| Yes. List all payments to an insider.  Dates of payment paid   | Insid<br>corp<br>ager | ders include your re<br>orations of which y<br>nt, including one for | latives; any general<br>ou are an officer, dir<br>a business you ope | partners; relatives ector, person in co | of any general<br>entrol, or owner | partners; partners of 20% or more | erships of which you<br>of their voting secu | u are a general partner;<br>rities; and any managing |
| Dates of payment   Paid   Paid   Payment   Paid   Payment   Paid   Payment   Paid   Payment   Paid   Payment   Paid   Payment   Payment   Paid   Payment   Payment   Paid   Payment   Payment   Payment   Paid   Payment   Payment   Paid   Payment   | <b>✓</b>              |  | nts to an insider.   |   |                                    |                                   |  |  |
| Number Street    City   State   Zip Code   |                       |  |  |   |                                    |                                   |  | Reason for this payment                              |
| City State Zip Code    Insider's Name   Number Street  |                       | Insider's Name   |  |   |                                    |                                   |  |  |
| Insider's Name Number Street  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid Amount you still owe Reason for this payment Include creditor's name  Insider's Name Number Street  Insider's Name Number Street  |                       | Number Street  |  |   |                                    |                                   |  |  |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  Note: Note: Total amount pour payment paid Amount you still owe Include creditor's name  Insider's Name  Number Street  Insider's Name  Number Street  |                       | City   | State Zip Co   | ode                                     |                                    |                                   |  |  |
| City   State   Zip Code  |                       | Insider's Name   |  |   |                                    |                                   |  |  |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.    No   |                       | Number Street  |  |   |                                    |                                   |  |  |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.    No   |                       | City   | State Zip Co   | ode                                     |                                    |                                   |  |  |
| Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  | insid<br>Inclu        | der?<br>de payments on de<br>No                                      | bts guaranteed or co   | osigned by an insider.  Dates           | of Tot                             | tal amount                        | Amount you                                   |  |
| Number Street  City State Zip Code  Insider's Name  Number Street  |                       |  |  |   |                                    |                                   |  | Include creditor's name                              |
| City State Zip Code  Insider's Name  Number Street   |                       | Insider's Name   |  |   |                                    |                                   |  |  |
| Insider's Name  Number Street  |                       | Number Street  |  |   |                                    |                                   |  |  |
| Number Street  | _                     | City   | State Zip Co   | ode                                     |                                    |                                   |  |  |
|  |                       | Insider's Name   |  |   |                                    |                                   |  |  |
| City State Zip Code  |                       | Number Street  |  |   |                                    |                                   |  |  |
|  |                       | City   | State Zip Co   | ode                                     |                                    |                                   |  |  |

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|        |                | First Name                                 | Middle Name                |             | Johnson<br>Last Name                            |            | ase number (if i | Known)   | <del></del>                         |
|--------|----------------|--|----------------------------|-------------|---|------------|------------------|----------|-------------------------------------|
| Part 4 | 4:             | Identify Legal A                           | Actions, Repossess         | sions, an   | d Foreclosure                                   | es         |                  |          |                                     |
| Li     | ist a<br>ontra |  |                            |             |   |            |                  |          | ng?<br>r custody modifications, and |
|        |                | res. Fill III the details                  | <b>.</b>                   | Nature of   | the case  | Court or a | agency           |          | Status of the case                  |
|        |                | Case title                                 |                            |             |   | Court Nam  |                  |          | Pending On appeal                   |
|        |                | Case number                                |                            |             |   | NumberSti  | reet             |          | Concluded                           |
|        |                |  |                            |             |   | City       | State            | Zip Code |                                     |
|        |                | Case title                                 |                            |             |   | Court Nam  | ne               |          | Pending On appeal                   |
|        |                | Case number                                |                            |             |   | NumberSti  | reet             |          | Concluded                           |
|        |                |  |                            |             |   | City       | State            | Zip Code |                                     |
|        |                | No. Go to line 11. Yes. Fill in the inform | fill in the details below. | ľ           | Describe the prop                               | erty       |                  | Date     | Value of the property               |
|        |                | Creditor's Name                            |                            | E           | Explain what happ                               | ened       |                  |          |                                     |
|        |                | Number Street  City                        | State Zip Code             | [<br>[<br>[ | Property was for Property was go                | reclosed.  |                  |          |                                     |
|        |                |  |                            |             | Describe the prop                               |            |                  | Date     | Value of the property               |
|        |                | Creditor's Name                            |                            | E           | Explain what happ                               | ened       |                  |          |                                     |
|        |                | Number Street  City                        | State Zip Code             | [<br>[<br>[ | Property was re Property was for Property was g | reclosed.  | or levied.       |          |                                     |

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| Debtor 1 | Evayon                       | K  | Johnson  | Case number (if known)          |                          |                     |
|----------|------------------------------|--|--|---------------------------------|--------------------------|---------------------|
|          | First Name                   | Middle Name  | Last Name  |                                 |                          |                     |
|          |                              | ou filed for bankruptcy, did<br>ke a payment because you |  | ank or financial institution, s | et off any amou          | ints from your      |
| <b>✓</b> | No Yes. Fill in the details. |  |  |                                 |                          |                     |
|          |                              |  | Describe the action th   | e creditor took                 | Date action was taken    | Amount              |
|          | Creditor's Name              |  |  |                                 |                          |                     |
|          | Number Street                |  | Last 4 digits of account r   | number: XXXX-                   |                          |                     |
|          |                              |  | 3.00 × 3. |                                 |                          |                     |
| 40 \40   | •                            | tate Zip Code  |  | managain of an ancience for     | ar tha hanafit af        | avaditava a asurt   |
|          |                              | stodian, or another official?                            |  | possession of an assignee fo    | r the benefit or         | creditors, a court- |
| <b>✓</b> | No<br>Yes                    |  |  |                                 |                          |                     |
| Part 5:  | List Certain Gifts           | and Contributions  |  |                                 |                          |                     |
| 13. W    | /ithin 2 years before yo     | ou filed for bankruptcy, did                             | you give any gifts with a t  | otal value of more than \$600   | per person?              |                     |
| <u>·</u> | No Yes. Fill in the details  | for each gift  |  |                                 |                          |                     |
| _        |                              | lue of more than \$600                                   | Describe the gifts   |                                 | Dates you gave the gifts | Value               |
|          | Person to Whom You           | Gave the Gift  |  |                                 |                          |                     |
|          |                              |  |  |                                 |                          |                     |
|          | Number Street                |  |  |                                 |                          |                     |
|          | City S Person's relationship | tate Zip Code  |  |                                 |                          |                     |
|          |                              | -  |  |                                 |                          |                     |
|          | Person to Whom You           | Gave the Gift  |  |                                 |                          |                     |
|          | Number Street                |  |  |                                 |                          |                     |
|          | •                            | tate Zip Code  |  |                                 |                          |                     |
|          | Person's relationship        | to you   |  |                                 |                          |                     |

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| Debt | or 1 | Evayon<br>First Name   | K<br>Middle Name             | Johnson<br>Last Name  | Case number (if know         | n)                        |                        |
|------|------|--|------------------------------|---|------------------------------|---------------------------|------------------------|
| 14.  | Wit  | No   | filed for bankruptcy, did    | you give any gifts or contrib   | outions with a total value o | of more than \$600 t      | o any charity?         |
|      |      | Gifts or contributions that total more than \$                           | s to charities               | Describe what you cont  | ributed                      | Date you contributed      | Value                  |
|      |      | Charity's Name   |                              | -<br>-  |                              |                           |                        |
|      |      | Number Street  |                              | -<br>-  |                              |                           |                        |
| Part | c.   | City Star  List Certain Losse  | ·                            |   |                              |                           |                        |
|      |      | hin 1 year before you fil<br>hbling?<br>No<br>Yes. Fill in the details.  | led for bankruptcy or si     | nce you filed for bankruptcy,   | did you lose anything bed    | cause of theft, fire,     | other disaster, or     |
|      |      | Describe the property how the loss occurred                              | •                            | Describe any insurance Include the amount that in pending insurance claims A/B: Property. | surance has paid. List       | Date of your loss         | Value of property lost |
|      |      |  |                              |   |                              |                           |                        |
|      |      | Ide any attorneys, bankru<br>No<br>Yes. Fill in the details.             | iptcy petition preparers, or | Description and value of transferred  |                              | Date payment or transfer  | Amount of payment      |
|      |      | LAW FIRM   |                              | Attorney's Fee - 350.00   |                              | <b>was made</b> 9/16/2016 | \$350.00               |
|      |      | Person Who Was Paid<br>20 S. Clark Street<br>Number Street<br>28th Floor |                              | -   |                              | <u> </u>                  | <u> </u>               |
|      |      | Chicago Illin  | ois 60603                    | -   |                              |                           |                        |
|      |      | City State   |                              | -   |                              |                           |                        |
|      |      | Email or website address   | SS                           |   |                              |                           |                        |
|      |      | Person Who Made the F  | Payment, if Not You          |   |                              |                           |                        |
|      |      | Person Who Was Paid  |                              | -   |                              |                           |                        |
|      |      | Number Street  |                              | -<br>-  |                              |                           |                        |
|      |      | City Star  | te Zip Code                  | -   |                              |                           |                        |
|      |      | Email or website addres  | SS                           | -   |                              |                           |                        |
|      |      | Person Who Made the F  | Payment, if Not You          | -   |                              |                           |                        |

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| Deb | tor 1    | Evayon   | K                   |   | se number (if known)                        |                                   |                                 |
|-----|----------|--|---------------------|---|---|-----------------------------------|---------------------------------|
|     |          | First Name   | Middle Name         | Last Name   |   |                                   |                                 |
| 17. | help     | hin 1 year before you filed fo<br>by you deal with your creditors<br>not include any payment or trans<br>No<br>Yes. Fill in the details. | or to make payments |   | f pay or transfer a                         | ny property to any                | one who promised to             |
|     | ш        | res. Fill III the details.   |                     |   |   |                                   |                                 |
|     |          |  |                     | Description and value of any prop transferred     | erty  |                                   | Amount of payment               |
|     |          | Person Who Was Paid  |                     |   |   |                                   |                                 |
|     |          | Number Street  |                     |   |   |                                   |                                 |
|     |          | City State   | Zip Code            |   |   |                                   |                                 |
|     |          | City State   | Zip Code            |   |   |                                   |                                 |
|     |          | ude both outright transfers and sfers that you have already listed No Yes. Fill in the details.  |                     | rity (such as the granting of a security in       |   |                                   | Do not include gifts and        |
|     |          |  |                     | Description and value of any property transferred | Describe any<br>payments re-<br>in exchange | property or<br>ceived or debts pa | Date<br>id transfer was<br>made |
|     |          | Person Who Received Transf   | er                  |   |   |                                   |                                 |
|     |          | Number Street  |                     |   |   |                                   |                                 |
|     |          | City State<br>Person's relationship to you   | Zip Code            |   |   |                                   |                                 |
|     |          | Person Who Received Transf   | er                  |   |   |                                   |                                 |
|     |          | Number Street  |                     |   |   |                                   |                                 |
|     |          | City State<br>Person's relationship to you   | Zip Code            |   |   |                                   |                                 |
| 19. |          | hin 10 years before you filed<br>ese are often called asset-prote  |                     | u transfer any property to a self-set             | tled trust or simila                        | ar device of which                | you are a beneficiary?          |
|     | <b>V</b> | No<br>Yes. Fill in the details.  |                     |   |   |                                   |                                 |
|     | Ц        | ies. Fiii iii uie delaiis.   |                     | Description and value of the pro                  | perty transferred                           |                                   | Date<br>transfer was<br>made    |
|     |          | Name of trust  |                     |   |   |                                   |                                 |

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| Debto  | or 1        | Evayon<br>First Name                     | K<br>Middle Name         |             | Johnson<br>Last Name | ·            | Case number (if known)        |  |                                  |
|--------|-------------|--|--------------------------|-------------|----------------------|--------------|-------------------------------|--|----------------------------------|
| Part 8 | 8:          | List Certain Financ                      |                          | ruments     |                      | it Boxes,    | and Storage Units             |  |                                  |
|        | With<br>mov | nin 1 year before you file               | ed for bankruptcy, wer   | e any finar | ncial accounts o     | r instrumer  | nts held in your name, or for | -  |                                  |
|        | <b>✓</b>    | No<br>Yes. Fill in the details.          |                          | Last 4      | digits of accour     | at Tvr       | e of account or               | Date   | Last balance                     |
|        |             |  |                          | numbe       | •                    |              | trument                       | account was<br>closed, sold,<br>moved, or<br>transferred | before<br>closing or<br>transfer |
|        |             | Person Who Was Paid                      |                          | XXXX-       |                      | R            | Checking<br>Savings           |  |                                  |
|        |             | Number Street                            |                          |             |                      |              | Money market Brokerage Other  |  |                                  |
|        |             | City State                               | Zip Code                 |             |                      |              |                               |  |                                  |
|        |             | Person Who Was Paid                      |                          | XXXX-       |                      |              | Checking<br>Savings           |  |                                  |
|        |             | Number Street                            |                          |             |                      |              | Money market Brokerage        |  |                                  |
|        |             |  |                          |             |                      |              | Other                         |  |                                  |
|        |             | City State                               | Zip Code                 |             |                      |              |                               |  |                                  |
|        |             | you now have, or did yo<br>er valuables? | u have within 1 year b   | efore you f | iled for bankrup     | tcy, any saf | e deposit box or other de     | pository for secu  | rities, cash, or                 |
|        |             | No<br>Yes. Fill in the details.          |                          |             |                      |              |                               |  |                                  |
| l      |             |  |                          | Who else    | e had access to      | it?          | Describe the conte            | ents   | Do you still have it?            |
|        |             | Name of Financial Institu                | ution                    | Name        |                      |              | _                             |  | ☐ No ☐ Yes                       |
|        |             | Number Street                            |                          | Number      | Street               |              | _                             |  |                                  |
|        |             |  |                          | City        | State                | Zip Code     | <del>-</del>                  |  |                                  |
|        |             | City State                               | Zip Code                 |             |                      |              |                               |  |                                  |
| 22.    | Hav         | e you stored property in                 | n a storage unit or plac | e other tha | an your home w       | ithin 1 year | before you filed for bankı    | ruptcy?  |                                  |
|        |             | No<br>Yes. Fill in the details.          |                          |             |                      |              |                               |  |                                  |
|        |             |  |                          | Who else    | had access to        | it?          | Describe the conte            | ents   | Do you still have it?            |
|        |             | Name of Storage Facilit                  | y                        | Name        |                      |              |                               |  | ☐ No ☐ Yes                       |
|        |             | Number Street                            |                          | Number      | Street               |              | _                             |  | П <sub>169</sub>                 |
|        |             |  |                          | City        | State                | Zip Code     |                               |  |                                  |
|        |             | City State                               | Zip Code                 |             |                      |              |                               |  |                                  |

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| btor            | r 1 Evayon K  First Name Middle Name   | Johnson Cas Last Name                                |  |                |
|-----------------|--|--|--|----------------|
|                 |  |  |  |                |
| t 9:            | Identify Property You Hold or Con  | trol for Someone Else                                |  |                |
| D               | Oo you hold or control any property that some  | eone else owns? Include any property you I           | porrowed from, are storing for, or hold in | n trust for    |
| s               | someone.   |  |  |                |
| Ŀ               | <b>✓</b> No  |  |  |                |
|                 | Yes. Fill in the details.  |  |  |                |
|                 |  | Where is the property?                               | Describe the contents                      | Value          |
|                 |  | <del> </del>   |  |                |
|                 | Owner's Name   | Number Street  |  |                |
|                 | Number Street  |  |  |                |
|                 |  |  |  |                |
|                 |  | City State Zip Code                                  |  |                |
|                 | City State Zip Code  | <del>-</del>   |  |                |
|                 |  |  |  |                |
| rt 10           | 0: Give Details About Environmenta   | ii iiiormation                                       |  |                |
| r th            | e purpose of Part 10, the following definitions app                                      | ly:  |  |                |
|                 | Environmental law means any federal, state, or   | local statute or regulation concerning pollution,    | contamination, releases of                 |                |
|                 | hazardous or toxic substances, wastes, or mate   | rial into the air, land, soil, surface water, ground | water, or other medium,                    |                |
|                 | including statutes or regulations controlling the  | cleanup of these substances, wastes, or materi       | al.  |                |
|                 | Site means any location, facility, or property as de                                     |  | u now own, operate, or utilize it          |                |
|                 | or used to own, operate, or utilize it, including di                                     | isposal sites.                                       |  |                |
| -               | Hazardous material means anything an environn  | mental law defines as a hazardous waste, hazard      | lous substance,                            |                |
|                 | toxic substance, hazardous material, pollutant, o  | contaminant, or similar term.                        |  |                |
| epor            | rt all notices, releases, and proceedings that you k                                     | know about, regardless of when they occurred.        |  |                |
|                 |  |  |  |                |
| . Н             | las any governmental unit notified you that y  | ou may be liable or potentially liable under         | or in violation of an environmental law?   |                |
| Ī,              | <b>√</b> No  |  |  |                |
| Ì               | Yes. Fill in the details.  |  |  |                |
|                 | _  | Governmental unit                                    | Environmental law, if you know it          | Date of        |
|                 |  |  |  | notice         |
|                 | Name of site   | Governmental unit                                    |  |                |
|                 | reality of site  | Governmental unit                                    |  |                |
|                 | Number Street  | Number Street  |  |                |
|                 |  | -  |  |                |
|                 |  | City State Zip Code                                  |  |                |
|                 |  |  |  |                |
|                 | City State Zip Code  | -  |  |                |
| -               | •  |  |  |                |
| . н             | City State Zip Code  | ny release of hazardous material?                    |  |                |
| . н<br><u>Г</u> | •  | ny release of hazardous material?                    |  |                |
| . н<br>[]<br>[] | lave you notified any governmental unit of ar  | ny release of hazardous material?                    |  |                |
| . H             | Have you notified any governmental unit of ar  | ny release of hazardous material?  Governmental unit | Environmental law, if you know it          | Date of        |
| Б. Н<br>Б       | Have you notified any governmental unit of ar  |  | Environmental law, if you know it          | Date of notice |
| . н<br>[        | Have you notified any governmental unit of and No Yes. Fill in the details.              | Governmental unit                                    | Environmental law, if you know it          |                |
| Б. Н<br>С       | Have you notified any governmental unit of ar  |  | Environmental law, if you know it          |                |
| . н<br>[        | Have you notified any governmental unit of and No Yes. Fill in the details.              | Governmental unit                                    | Environmental law, if you know it          |                |
| . H             | Have you notified any governmental unit of an No Yes. Fill in the details.  Name of site | Governmental unit  Governmental unit  Number Street  | Environmental law, if you know it          |                |
| . н<br>С        | Have you notified any governmental unit of an No Yes. Fill in the details.  Name of site | Governmental unit                                    | Environmental law, if you know it          |                |
|                 | Have you notified any governmental unit of an No Yes. Fill in the details.  Name of site | Governmental unit  Governmental unit  Number Street  | Environmental law, if you know it          |                |

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| Deb     | tor 1        |                         |                   | K<br>Middle Nesses     | Johnson  | Case                  | number (if known)                     |                |
|---------|--------------|-------------------------|-------------------|------------------------|--|-----------------------|---------------------------------------|----------------|
|         |              | First Name              |                   | Middle Name            | Last Name  |                       |                                       |                |
| 26.     | Hav          | e you been a party      | in any judio      | ial or administra      | ative proceeding under   | any environmenta      | I law? Include settlements and orders | S.             |
|         |              | No                      |                   |                        |  |                       |                                       |                |
|         | 빔            | Yes. Fill in the deta   | ile               |                        |  |                       |                                       |                |
|         | ш            | res. I ili ili the deta | iis.              |                        | Court or agency  |                       | Nature of the case                    | Status of the  |
|         |              |                         |                   |                        | Court of agency  |                       | Nature of the case                    | case           |
|         |              | Case title              |                   |                        |  |                       |                                       | _              |
|         |              |                         |                   |                        | Court Name   |                       |                                       | Pending        |
|         |              |                         |                   |                        | Court Name   |                       |                                       | On appeal      |
|         |              | Case number             |                   |                        | Number Street  |                       |                                       | Concluded      |
|         |              |                         |                   |                        |  |                       |                                       | Concluded      |
|         |              |                         |                   |                        | City State   | Zip Code              |                                       |                |
| Part    | t 11:        | Give Details A          | bout Your         | Business or            | Connections to An  | v Business            |                                       |                |
| II GIII |              | Olvo Dotalio /          | and to an         | 240000 0.              |  | .y <u></u>            |                                       |                |
| 27.     | With         | nin 4 years before      | you filed for     | bankruptcy, did        | you own a business or  | have any of the fo    | llowing connections to any business   | ?              |
|         |              | A sole propriet         | or or self-emr    | oloved in a trade      | profession, or other activit                                   | v either full-time or | nart-time                             |                |
|         |              |                         |                   | -                      | profession, or other activity<br>or limited liability partners |                       | part-une                              |                |
|         |              | A member of a           |                   | ly company (LLC)       | or inflited liability partiters                                | snip (LLP)            |                                       |                |
|         |              | <b>=</b> ·              |                   | ging executive of      | a corporation  |                       |                                       |                |
|         |              |                         |                   |                        | a corporation<br>/ securities of a corporatio                  | ın.                   |                                       |                |
|         |              | All owner or at         | . IEast 3 /6 OF t | ie vourig or equity    | securiles of a corporation                                     | "1                    |                                       |                |
|         | $\checkmark$ | No. None of the abo     |                   |                        |  |                       |                                       |                |
|         |              | Yes. Check all that a   | apply above a     | nd fill in the details | s below for each business                                      |                       |                                       |                |
|         |              |                         |                   |                        | Describe the natu  | re of the business    |                                       |                |
|         |              |                         |                   |                        |  |                       | include Social Security nu            | ımber or ITIN. |
|         |              | Business Name           |                   |                        | _  |                       | EIN:                                  |                |
|         |              | business marne          |                   |                        |  |                       |                                       |                |
|         |              | Number Street           |                   |                        | _  |                       | Dates business existed                |                |
|         |              | rtaribor Guest          |                   |                        | Name of accounts   | ant or bookkeeper     | ,                                     |                |
|         |              | City                    | State             | Zip Code               |  |                       | From To                               |                |
|         |              | - ,                     |                   | ,                      |  |                       |                                       |                |
|         |              |                         |                   |                        |  |                       |                                       |                |
|         |              |                         |                   |                        | Describe the natu  | re of the business    | Employer Identification n             | umber Do not   |
|         |              |                         |                   |                        | Describe the natu  | ire or trie business  | include Social Security nu            |                |
|         |              |                         |                   |                        |  |                       | EIN:                                  |                |
|         |              | Business Name           |                   |                        |  |                       | LIIV.                                 |                |
|         |              |                         |                   |                        | _  |                       | Dates business existed                |                |
|         |              | Number Street           |                   |                        | Name of accounts   | ant or bookkeeper     |                                       |                |
|         |              | -                       |                   |                        | _  | С. ДООТПООРО          |                                       |                |
|         |              | City                    | State             | Zip Code               |  |                       | From To                               | <u></u>        |
|         |              |                         |                   |                        |  |                       |                                       |                |
|         |              |                         |                   |                        |  |                       |                                       |                |
|         |              |                         |                   |                        | Describe the natu  | re of the business    |                                       |                |
|         |              |                         |                   |                        |  |                       | include Social Security nu            | ımber or ITIN. |
|         |              | Puoiness Nama           |                   |                        | _  |                       | EIN:                                  |                |
|         |              | Business Name           |                   |                        |  |                       |                                       |                |
|         |              | Number Street           |                   |                        | _  |                       | Dates business existed                |                |
|         |              | NUTION SUPER            |                   |                        | Name of account  | ant or bookkeeper     |                                       |                |
|         |              | City                    | State             | Zip Code               |  |                       | FromTo                                |                |
|         |              | Oity                    | Cidie             | ∠ip Coue               |  |                       |                                       |                |
|         |              |                         |                   |                        |  |                       |                                       |                |
|         |              |                         |                   |                        |  |                       |                                       |                |

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| Debtor   |                 |  | K                   | Johnson                        | Case number (if known)  |
|----------|-----------------|--|---------------------|--------------------------------|---|
|          | First Name      |  | Middle Name         | Last Name                      |   |
|          | •               | s before you filed for<br>other parties. | bankruptcy, did yo  | ou give a financial statemer   | t to anyone about your business? Include all financial institutions,  |
| Z        | No Yes. Fill in | the details below.                       |                     |                                |   |
|          |                 |  |                     | Date issued                    |   |
|          |                 |  |                     | MM/DD/YYYY                     |   |
|          | Name            |  |                     | MIM/DD/YYYY                    |   |
|          | Number          | Street                                   |                     | <u> </u>                       |   |
|          |                 |  |                     |                                |   |
|          | City            | State                                    | Zip Code            | _                              |   |
|          | <b>a</b> . b    |  |                     |                                |   |
| Part 12  | Sign B          | elow                                     |                     |                                |   |
| tru      | e and correc    | ct. I understand that                    | making a false sta  | tement, concealing propert     | nts, and I declare under penalty of perjury that the answers are<br>y, or obtaining money or property by fraud in connection with a<br>ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | ×               | ′ /s/ Evayon Johns                       | eon                 |                                | ×   |
|          |                 | Signature of Debtor                      |                     |                                | Signature of Debtor 2   |
|          |                 | Date 11/12/2016                          |                     |                                | Date 11/12/2016   |
| Did      | d you attach    | additional pages to                      | Your Statement of   | Financial Affairs for Individ  | luals Filing for Bankruptcy (Official Form 107)?  |
| <b>~</b> | No              |  |                     |                                |   |
| H        | Yes             |  |                     |                                |   |
| ш        | 100             |  |                     |                                |   |
| Did      | l you pay or    | agree to pay someo                       | ne who is not an at | ttorney to help you fill out b | ankruptcy forms?  |
| <b>✓</b> | No              |  |                     |                                |   |
|          | Yes. Name       | of person                                |                     |                                | Attach the Bankruptcy Petition Preparer's Notice,   |
|          | -               |  |                     |                                | Declaration, and Signature (Official Form 119).   |

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B 203 (12/94)

In

#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| re | Evayon K Johnson ; Spou   | se                          | Case No.  |                                |
|----|---|-----------------------------|---|--------------------------------|
| _  | Debtor  | <del></del>                 |   | (If known)                     |
|    |   |                             | Chapter   | Chapter 13                     |
|    | DISCLOSURE OF   | COMPENSATIO                 | N OF ATTORNEY FO  | R DEBTOR                       |
| 1. | Pursuant to 11 U.S.C. § 329(a) and that compensation paid to me within services rendered or to be rendered is as follows: | n one year before the filin | g of the petition in bankruptcy, or a   | greed to be paid to me, for    |
|    | For legal services, I have agreed to  | accept                      |   | \$4,000.00                     |
|    | Prior to the filing of this statement l   | have received               |   | \$350.00                       |
|    | Balance Due   |                             |   | \$3,650.00                     |
| 2. | The source of the compensation pai  | id to me was:               |   |                                |
|    | Debtor  | Other (speci                | fy)   |                                |
| 3. | The source of the compensation pa   | id to me is:                |   |                                |
|    | Debtor  | Other (speci                | fy)   |                                |
| 1  | L have not agreed to chare the  | ш                           | sation with any other person unless   | thou are                       |
| 4. | members and associates of my  | / law firm.                 | sation with any other person unless   | they are                       |
|    |   | aw firm. A copy of the ag   | n with a other person or persons wherement, together with a list of the       |                                |
| 5. | In return for the above-disclosed fe<br>a. Analysis of the debtor's finar<br>bankruptcy;                                  |                             | er legal service for all aspects of the ing advice to the debtor in determine |                                |
|    | b. Preparation and filing of any  | petition, schedules, state  | ements of affairs and plan which ma   | ay be required;                |
|    | c. Representation of the debtor   | at the meeting of credito   | rs and confirmation hearing, and ar   | ny adjourned hearings thereof; |
|    | d. Representation of the debtor   | r in adversary proceeding   | s and other contested bankruptcy r  | natters;                       |
| 6. | By agreement with the debtor(s), the  | e above-disclosed fee do    | es not include the following service  | s:                             |
|    |   |                             |   |                                |
|    |   |                             |   |                                |
|    |   | CERTIFIC                    | CATION  |                                |
|    | I certify that the foregoing is a compl<br>ne debtor(s) in this bankruptcy proces   |                             | eement or arrangement for paymer  | t to me for representation     |
|    | 11/12/2016  |                             | /s/ Ryan P Crotty   |                                |
|    | Date  |                             | Signature of Attorney   |                                |
|    |   |                             | Semrad Law Firm   |                                |
|    | <del>-</del>  |                             | Name of law firm  |                                |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Johnson, Evayon K ; Spouse                       | Case No                           |   |  |  |
|--------|--|-----------------------------------|---|--|--|
|        | Debtor(s)  | 0400110.                          |   |  |  |
|        |  | Chapter.                          | Chapter13                                     |  |  |
|        | VERIFICATION                                     | OF CREDITOR MA                    | TRIX  |  |  |
|        | The above named Debtors hereby verify that the a | ttached list of creditors is tru  | e and correct to the best of their knowledge. |  |  |
|        |  |                                   |   |  |  |
| Date:  | 11/12/2016                                       | /s/ Johnson, Eva                  | ayon K  |  |  |
|        |  | Johnson, Evayo<br>Signature of De |   |  |  |
|        |  | /s/ Spouse                        |   |  |  |
|        |  | Spouse<br>Signature of Jo         | int Debtor                                    |  |  |

CAPITAL ONE AUTO FINANCE. P.O. Box 201347 c/o Scott Beauchamp Arlington, TX 76006

FEDERAL LOAN SERVICE P.O. Box 60610 Harrisburg, PA 17106

HARVARD COLLECTION 4839 ELSTON AVE CHICAGO , IL 60630

CAPITAL ONE BANK (USA), N.A. PO Box 71083 c/o Ashley Boswell Charlotte, NC 28272

CREDIT MANAGEMENT LP PO Box 118288 Carrollton , TX 75011

Austin Towers Realty 5501 W Washington Blvd Chicago , IL 60644

Rent Recovery Solutions, LLC 1945 The Exchange, Suite 120 Atlanta , GA 30339

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

Arnold Scott Harris PC 111 W Jackson # 600 Chicago , IL 60604

AT&T PO Box 105262 Atlanta , GA 30348

Illinois Tollway PO Box 5544 Chicago , IL 60680 Sprint Corp.
PO Box 7949 Attn: Bankruptcy Dept.
c/o Jake Rattmann
Overland Park , KS 66207

US Bank Po Box 5229 C/O Bankruptcy Department Cincinnati , OH 45201

JPMORGAN CHASE BANK 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042

The Money Store 7204 Madison St Forest Park, IL 60130

Sir Finance 6140 N. Lincoln Chicago , IL 60659

IDES Springfield PO Box 19286 Benefit Repayments Springfield , IL 62794

Bally Total Fitness 8700 W Bryn Mawr Ave Chicago , IL 60631

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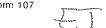
| Debtor 1 Evayon First Name  | K<br>Middle Name   | Johnson   | Case number (if know   | voj  |
|---|--|---|--|--|
| Part of Answer These Qu   |  | Last Name  DOSes  |  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts prir "incurred by an indi No. Go to line 1 Yes. Go to line 1 16b. Are your debts prir  | marily consumer debts vidual primarily for a pe 6b.  17.  narily business debts? as or investment or thro 6c.   | rsonal, family, or house  Business debts are d | ots that you incurred to obtain<br>e business or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid  |   | that after any exempt pro  | operty is excluded and administrative<br>ed creditors?   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | 7 1-49<br>50-99<br>100-199<br>200-999  | [] 1,000-5<br>[] 5,001-1<br>[] 10,001-  | 0,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   |  | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you<br>estimate your<br>liabilities to be?<br>Pan 78. Sign Below  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$10,000<br>\$50,000  | 001-\$10 million<br>1,001-\$50 million<br>1,001-\$100 million<br>10,001-\$500 million  | S500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion           |
|   | I have examined this petiti  | on, and I declare under   | penalty of periury that t  | he information provided is true and  |
| For you   | correct.  If I have chosen to file und of title 11, United States C under Chapter 7.  If no attorney represents nout this document, I have a request relief in accordant understand making a fals connection with a bankrup both. 18 U.S.C. §§ 152, 13   | ier Chapter 7, I am awar<br>code. I understand the rance and I did not pay or a<br>obtained and read the nace with the chapter of till<br>e statement, concealing<br>otcy case can result in fi | e that I may proceed, if<br>elief available under ead<br>gree to pay someone w<br>otice required by 11 U.<br>tle 11, United States C   | eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed  |
|   | /s/ Evayon Johnson   | 4 Johnson   | X  |  |
|   | THE PARTY OF THE P | /2016<br>/// DD / YYYY  | Signature of t<br>Executed o   |  |

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| Debtor 1                        | rmation to identify your  | case)                        | **************************************            |  |
|---------------------------------|---------------------------|------------------------------|---|--|
|                                 |                           |                              |   |  |
| Date to a                       | Evayon                    | К                            | Johnson   |  |
|                                 | First Name                | Middle Name                  | Last Name   | man.   |
| Debtor 2<br>(Spouse, if filing) | First Name                | Middle Name                  | Last Name   | _  |
| United States E                 | Sankruptcy Court for the: |                              | District of Illinois                              |  |
| Case number                     |                           |                              | (State)   |  |
| (If known)                      |                           |                              |   |  |
| Official                        | Form 106De                | 9C                           | **************************************            | Check if this is an amended filing                   |
| Declarat                        | ion About an              | Individual Debte             | or's Schedules                                    | 12/15  |
| If two married                  | people are filing togeth  | ner, both are equally respon | sible for supplying correct i                     | nformation.  |
| MiddleSale                      |                           | eone who is NOT an attorne   | y to help you fill out bankru                     | ptcy forms?  |
|                                 |                           |                              |   |  |
| ✓ No                            |                           |                              |   |  |
| Emos.                           | Name of person            |                              | Attach Bankruptcy Pel<br>Signature (Official Forn | ition Preparer's Notice, Declaration, and<br>n 119). |

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| ebtor 1                   |  |   | K                                      | Johnson  | Case number (if known)   |
|---------------------------|--|---|--|--|--|
|                           | First Name   |   | Middle Name                            | Last Name  | The state of the s |
| . Wit                     | hin 2 years be<br>ditors, or othe<br>No  | fore you filed fo<br>r parties.   | r bankruptcy, did                      | you give a financial state   | ment to anyone about your business? Include all financial institution  |
|                           |  | details below.  |  |  | ·  |
|                           |  |   |  | Date issued  |  |
|                           | Name   |   |  | MM/DD/YYYY   |  |
|                           | Number Stre  | et  | ****                                   | managa ang   |  |
|                           | City   | State   | Zip Code                               |  |  |
|                           | 8  |   |  | •  |  |
| I have                    | Sign Below<br>read the ansu<br>and correct. I u<br>kruptcy case o  | vers on this Sta<br>inderstand that<br>an result in fine                  | tement of Financ.<br>making a false st | ial Affairs and any attach<br>atement, concealing pro  | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with   |
| I have                    | e read the ansu<br>and correct. I u<br>kruptcy case o  | an result in fine   | es up to \$250,000                     | ial Affairs and any attach atement, concealing proj, or imprisonment for up to the control of th | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |
| I have                    | e read the ansu<br>and correct. I u<br>kruptcy case o  | an result in fine   | es up to \$250,000                     | ial Affairs and any attach<br>atement, concealing proj<br>, or imprisonment for up t   | perty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |
| I have                    | e read the ansund correct. I ukruptcy case o   | an result in fine   | es up to \$250,000                     | ial Affairs and any attach atement, concealing proj, or imprisonment for up to the content of th | perty, or obtaining money or property by fraud in connection with 0 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |
| a ban                     | e read the ansured correct. It is kruptcy case of Sig  | san result in find<br>/s/ Evayon John<br>nature of Debtor<br>e 11/11/2016 | son                                    | , or imprisonment for up t   | Signature of Debtor 2  Date 11/11/2016   |
| I have<br>true a<br>a ban | e read the ansign decreed. I ukruptcy case of Sig  | san result in find<br>/s/ Evayon John<br>nature of Debtor<br>e 11/11/2016 | son                                    | , or imprisonment for up t   | Signature of Debtor 2  |
| I have true a a ban       | e read the ansigned correct. I ukruptcy case of Sig  | san result in find<br>/s/ Evayon John<br>nature of Debtor<br>e 11/11/2016 | son                                    | , or imprisonment for up t   | Signature of Debtor 2  Date 11/11/2016   |
| Did yo                    | e read the ansigned correct. It is kruptcy case of Signature of Signat | /s/ Evayon John<br>nature of Debtor<br>e 11/11/2016<br>ional pages to     | son (1)                                | , or imprisonment for up t   | Signature of Debtor 2  Date 11/11/2016  party, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date 11/11/2016  viduals Filing for Bankruptcy (Official Form 107)?   |
| Did yo                    | e read the ansured correct. It is kruptcy case of Sig Date ou attach additiones.   | /s/ Evayon John<br>nature of Debtor<br>e 11/11/2016<br>ional pages to     | son (1)                                | f Financial Affairs for Indi   | Signature of Debtor 2  Date 11/11/2016  viduals Filing for Bankruptcy (Official Form 107)?   |



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### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re:         | Johnson, Evayon K; Spouse                      |                                     |                                      |
|----------------|--|-------------------------------------|--------------------------------------|
|                | Debtor(s)                                      | Case No                             |                                      |
|                |  | Chapter.                            | Chapter13                            |
|                | VERIFICATION                                   | ON OF CREDITOR MAT                  | ΓRIX                                 |
| Ti<br>nowledge | ne above named Debtors hereby verify that the. | he attached list of creditors is to | rue and correct to the best of their |
| ite:           | 11/11/2016                                     | /s/ Johnson, Ev                     | ayon K & Nolhana                     |
| /              |  | Johnson, Evayo<br>Signature of Del  |                                      |
|                |  | /s/ Spouse                          |                                      |
|                |  | Spouse<br>Signature of Join         | nt Debtor                            |



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| Debt  | or 1       | Evayon   | к  | Johnson                                  | Case number (if known)   |             |  |  |
|-------|------------|--|--|--|--|-------------|--|--|
|       |            | First Name   | Middle Name  | Last Name                                |  |             |  |  |
| 16.   | Cal        | alculate the median family income that applies to you. Follow these steps: |  |  |  |             |  |  |
|       |            | a. Fill in the state in which yo   |  | Illinois                                 | _  |             |  |  |
|       | 16         | <ol> <li>Fill in the number of people</li> </ol>                           | le in your household.  | 4  | _  |             |  |  |
|       | 160        | c. Fill in the median family in  | come for your state and siz  | e of                                     |  | \$86,921.00 |  |  |
|       |            | household using the link specified in t                                    | the senarate instructions for  | To to                                    | ind a list of applicable median income amounts, go online<br>may also be available at the bankruptcy clerk's office. |             |  |  |
| 17.   | Hov        | w do the lines compare?  | The superior of the superior o | una lona. Tala kat                       | may also be available at the bankruptcy clerk's office.  |             |  |  |
|       | 17a        | Line 15b is less than ounder 11 U.S.C. § 13.                               | or equal to line 16c. On the<br><i>25(b)(3)</i> . <b>Go to Part 3.</b> Do  | top of page 1 of the NOT fill out Calcul | nis form, check box 1, <i>Disposable income is not determined ation of Disposable income</i> (Official Form 122C-2). |             |  |  |
|       | 17b        | D. Line 15b is more than U.S.C. § 1325(b)(3).                              | line 16c. On the top of par  | ge 1 of this form, o                     | heck box 2, Disposable income is determined under 11 losable Income (Official Form 122C-2). On line 39 of that       |             |  |  |
| Part. | H (        | Calculate Your Commi   | tment Period Under 1   | 1 U.S.C. §1325                           | (b)(4)   |             |  |  |
| 18.   |            | y your total average mont  |  |  |  | \$4,023.46  |  |  |
| 19.   | Ded<br>con | luct the marital adjustmer<br>imitment period under 11 U.                  | nt if it applies. If you are m<br>.S.C. § 1325(b)(4) allows yo   | iamed, your spous<br>ou to deduct part o | e is not filing with you, and you contend that calculating the four spouse's income, copy the amount from line 13.   |             |  |  |
|       | 19a        | . If the marital adjustment do   | oes not apply, fill in 0 on lin  | e 19a.                                   |  | -\$0.00     |  |  |
|       |            | . Subtract line 19a from lis   |  |  |  | \$4,023,46  |  |  |
| 20.   | Calc       | culate your current month  | ly income for the year. Fo   | blow these steps:                        |  |             |  |  |
|       | 20a.       | . Copy line 19b.   |  |  |  | \$4,023.46  |  |  |
|       |            | Multiply by 12 (the number   | r of months in a year).  |  |  | x 12        |  |  |
|       | 20Ь.       | . The result is your current m   | conthly income for the year  | for this part of the                     | form.  | \$48,281.52 |  |  |
|       | 20c.       | . Copy the median family inc   | come for your state and size   | of household fron                        | ı line 16c.  | \$86,921.00 |  |  |
| 21.   |            | do the lines compare?  |  |  |  |             |  |  |
|       | V I        | Line 20b is less than line 20 commitment period is 3 year                  | c. Unless otherwise ordered<br>rs. Go to Part 4.   | I by the court, on t                     | he top of page 1 of this form, check box 3, The  |             |  |  |
|       |            | Line 20b is more than or equ<br>4, <i>The commitment period i</i> .        | ual to line 20c. Unless others 5 years. Go to Part 4.  | rwise ordered by th                      | e court, on the top of page 1 of this form, check box  |             |  |  |
| art 4 | s          | Sign Below   |  |  |  |             |  |  |
|       |            | By signing here I declare un   | day and the second second  |  |  |             |  |  |
|       | •          | by digning note, i decide the  | A I II   | te information on t                      | his statement and in any attachments is true and correct.  |             |  |  |
|       |            | 🗶 /s/ Evayon Johnson   | 46 Jahran  | ړ  | •  |             |  |  |
|       |            | Signature of Debtor 1  |  | - <b>*</b>                               | Signature of Debtor 2  |             |  |  |
|       |            | Date 11/11/2016  |  |  | ·  |             |  |  |
|       |            | MM/DD/YYYY   |  |  | MM/DD/YYYY   |             |  |  |
|       | ii         | f you checked 17a. do NOT  | fill out or file Form 122C-2   |  |  |             |  |  |

If you checked 17a, do NOT fill out or file Form 122C-2, If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.



B 203 (12/94)

### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| Debtor  Chapter 1  Debtor  Debtor  Chapter 1  Chapter 2  Chapter 1  DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTO  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case in For legal services, I have agreed to accept a prior to the filing of this statement I have received a Balance Due  2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:  Debtor  Other (specify)  | OR (s) and that or services is as follows:  |
|--|---|
| Chapter  Chapter  Chapter 1  DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case if For legal services, I have agreed to accept  Prior to the filling of this statement I have received  Balance Due  2. The source of the compensation paid to me was:  Other (specify)  3. The source of the compensation paid to me is:   | OR (s) and that or services is as follows:  |
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTO  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case if For legal services, I have agreed to accept  Prior to the filing of this statement I have received  Balance Due  2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:   | OR (s) and that or services is as follows:  |
| <ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case if For legal services, I have agreed to accept</li> <li>Prior to the filling of this statement I have received</li> <li>Balance Due</li> <li>The source of the compensation paid to me was:         <ul> <li>Other (specify)</li> </ul> </li> <li>The source of the compensation paid to me is:</li> </ol>   | s) and that<br>or services<br>s as follows: |
| rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case in For legal services, I have agreed to accept.  Prior to the filling of this statement I have received.  Balance Due.  2. The source of the compensation paid to me was:  Other (specify).  | or services<br>is as follows:               |
| Prior to the filing of this statement I have received  Balance Due  2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:   | ይፈ በበበ ሰብ                                   |
| 2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:   | \$4,000.00                                  |
| 2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:   | \$350.00                                    |
| Debtor Other (specify)  3. The source of the compensation paid to me is:   | \$3,650.00                                  |
| 3. The source of the compensation paid to me is:   |   |
| generated to the state of the s |   |
| Debtor Other (specify)   |   |
|  |   |
| <ol> <li>I have not agreed to share the above-disclosed compensation with any other person unless they are<br/>members and associates of my law firm.</li> </ol>   |   |
| I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  |   |
| <ol> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, includes.         Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a bankruptcy;     </li> </ol>  | ding:<br>petition in                        |
| b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  |   |
| c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings   | s thereof:                                  |
| d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;   | ,   |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:   |   |
|  |   |
| CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation debtor(s) in this bankruptcy proceedings.   | n of the                                    |
| 11/11/2016 (c) Prop B Creative   |   |
| Date Signature of Attorney   |   |
| Semrad Law Firm  |   |
| Name of law firm   |   |



### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

l. J.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



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#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76



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- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

|           | 11/11/2016 |
|-----------|------------|
| Signed:   | E. Jehran  |
| /s/ Evayo | on Johnson |
|           |            |
| Debtor(s) |            |

/s/ Ryan P Crotty

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.